## FILED Feb 17, 2003 8:00 am § Secretary of State

02-17-2003 90184 049 \*\*\*\*70.00

## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N07949**

1. Entity Name

SUNNY SOUTH ESTATES HOME OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address BOX 3025 PO Box BOX 3025 3025 90028501 BOYNTON BCH FL 3342 POX 3025 BOYNTON BCH-FL 33424 33424-3025 33424-3025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. - CHECK-HERE IE MAKING CHANGES -City & State 4. FEI Number 59-2466115 City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLYNN, DENNIS P. Street Address (P.O. Box Number is Not Acceptable) 3918 VIA POINCIANA #9 LAKE WORTH FL 33467 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE Delete ■ Change ☐ Addition DETOLLA, EMMA NAME MAME PAULINE SCHOFIELD STREET ADDRESS 817 SUNGLOW ST STREET ADDRESS 708 Sunny South Ave CITY-ST-ZIP **BOYNTON BEACH FL 33436** ; City-st-zip Boynton Beach F1. 33436 Wange VD. TITLE Delete جعر ک POIRRIER, DON NAME · CATHERINE BRASCH NAME STREET ADDRESS 648 SUN RAY CT STREET ADDRESS 833 Sun Glow St CITY-ST-ZIP **BOYNTON BEACH FL 33436** Boynton Beach F1. 33436 Change CITY-ST-7IP TITLE STITLE → Delete ☐ Addition GARLING, JOAN NAME . Name STREET ADDRESS 757 SUNTOP LANE STREET ADDRESS CITY-ST-ZIP **BOYNTON BCH FL 33436** CITY-ST-ZIP TITLE TITLE Delete K Change ☐ Addition CAMPBELL, JOSEPH %≈JOSEPH POPOLIZIO NAME NAME STREET ADDRESS 645 SUNRAY STREET 815 Sun Glow St. STREET ADDRESS CITY-ST-7IP **BOYNTON BEACH FL 33436** CITY-ST-ZIP Boynton Beach F1 33436 SD TITLE ☐ Delete TITLE Change ☐ Addition DIMASI, MARILYN NAME NAME STREET ADDRESS 675 SUNNY SOUTH AV STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33436 CITY-ST-7/P TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FORMATURE OFFICE OF MAN

2/13/03

735-3956

CR2E037 (10/02)