

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/5/

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90071 008 \*\*\*\*61.25

**DOCUMENT # N41570**

1. Entity Name

**SUNNY SANDS RESIDENTS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

12 LAKESHORE DR  
 PIERSON FL 32180  
 US

12 LAKESHORE DR  
 PIERSON FL 32180  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

218 Melodie Lane

3. Mailing Address

218 Melodie Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PIERSON FL

City & State

PIERSON FL

4. FEI Number

59-3054889

Applied For

Not Applicable

Zip

32180

Country

FLORIDA

Zip

32180

Country

FLORIDA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEIBLER, JOHN SR  
 12 LAKESHORE DR  
 PIERSON FL 32180

Name ~~ALLEN TREMBLY TREMBLY, ALLEN~~

Street Address (P.O. Box Number is Not Acceptable)

218 Melodie Lane

City PIERSON

FL

Zip Code 32180

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.

SIGNATURE

*Allen Tremby*

LTR on file

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	Delete <input checked="" type="checkbox"/>
NAME	ENGBORG, KAREN	
STREET ADDRESS	201 MELODIE LN	
CITY-ST-ZIP	PIERSON FL	
TITLE	DT	Delete <input checked="" type="checkbox"/>
NAME	WEIBLER, JOHN SR	
STREET ADDRESS	12 LAKE SHORE DR	
CITY-ST-ZIP	PIERSON FL 32180	
TITLE	DS	Delete <input type="checkbox"/>
NAME	BISHOP, SHIRLEY	
STREET ADDRESS	312 OAK ST	
CITY-ST-ZIP	PIERSON FL 32180	
TITLE	DV	Delete <input checked="" type="checkbox"/>
NAME	DAVIDSON, THOMAS	
STREET ADDRESS	14 LAKESHORE DR	
CITY-ST-ZIP	PIERSON FL 32180	
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	LAMPSON, GEORGETTE		
STREET ADDRESS	217 MELODIE LN		
CITY-ST-ZIP	PIERSON, FL 32180		
TITLE	DV	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	TREMBLY, ALLEN		
STREET ADDRESS	218 MELODIE LN		
CITY-ST-ZIP	PIERSON FL 32180		
TITLE	DT	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	ALLEN, DAVID		
STREET ADDRESS	513 CENTRAL BLD		
CITY-ST-ZIP	PIERSON, FL 32180		
TITLE	D	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	MICHALSKI, DEE		
STREET ADDRESS	1751 HAWAII DR - EAST		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		
TITLE	D	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	HENDRIX, ANN		
STREET ADDRESS	125 RIDGE RD		
CITY-ST-ZIP	PIERSON, FL 32180		
TITLE	D	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	COLE, BILL		
STREET ADDRESS	6123 BARTHOLOMEW AVE		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		

12. I hereby certify that the information supplied with this filing 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:

*Allen Tremby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01

Date

904 749 0031

Daytime Phone #

CR2E037 (10/00)