

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90036 047 ****61.25

DOCUMENT # N41570

1. Corporation Name

SUNNY SANDS RESIDENTS ASSOCIATION, INC.

Principal Place of Business

12 LAKESHORE DR
PIERSON FL 32180
US

Mailing Address

12 LAKESHORE DR
PIERSON FL 32180
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/07/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

- 59-3054889

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEIBLER, JOHN SR
12 LAKESHORE DR
PIERSON FL 32180

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME LAMPRON, GEORGETTE
STREET ADDRESS 217 MELODIE LN
CITY-ST-ZIP PIERSON FL 32180

1.1 TITLE DS ☐ Change ☒ Addition

1.2 NAME SHIRLEY BISHOP
1.3 STREET ADDRESS 312 OAK ST
1.4 CITY-ST-ZIP PIERSON, FL 32180

TITLE D ☐ DELETE

NAME ENGBORG, KAREN
STREET ADDRESS 201 MELODIE LN
CITY-ST-ZIP PIERSON FL

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME JUPE, MARTHA
2.3 STREET ADDRESS 519 CENTRAL BL
2.4 CITY-ST-ZIP PIERSON, FL 32180

TITLE DT ☐ DELETE

NAME WEIBLER, JOHN SR
STREET ADDRESS 12 LAKE SHORE DR
CITY-ST-ZIP PIERSON FL 32180

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DS ☒ DELETE

NAME ENGBORG, KAREN
STREET ADDRESS 201 MELODIE LN
CITY-ST-ZIP PIERSON FL 32180

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME SMITH, CARY
STREET ADDRESS 508 CENTRAL BLVD
CITY-ST-ZIP PIERSON FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DV ☐ DELETE

NAME DAVIDSON, THOMAS
STREET ADDRESS 14 LAKESHORE DR
CITY-ST-ZIP PIERSON FL 32180

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN WEIBLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-99

904-249-0500

CR2E037 (11/98)