2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State
03-05-2004 90013 029 ****61.25

DOCUMENT # N41570

1. Entity Name
SUNNY SANDS RESIDENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
104 RIDGE RD PIERSON, FL 32180 US	104 RIDGE RD PIERSON, FL 32180 US

01262004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
406 Palm Ave	406 Palm Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pierson, FL	City & State: Pierson, FL
Zip: 32180 Country: US	Zip: 32180 Country: US

4. FEI Number 59-3054889 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SENIOR, CHARLES
104 RIDGE RD
PIERSON, FL 32180

7. Name and Address of New Registered Agent

Name: KOPSA, KATHERINE DS
Street Address (P.O. Box Number is Not Acceptable): 406 PALM AVE
City: PIERSON, FL 32180
FL | 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: Katherine Kopsa DS 2-16-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ALLEN, DAVID 513 CENTRAL BLVD. PIERSON, FL 32180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ALLEN, DAVID 127 RIDGE RD PIERSON, FL 32180	☒ Change ☐ Addition Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GORE, BILL 227 MELODIE LANE PIERSON, FL 32180	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TREMBLY, ALLEN 218 MELODIE LANE PIERSON, FL 32180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SENIOR, CHARLES 104 RIDGE RD PIERSON, FL 32180	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS KOPSA, KATHERINE 406 PALM AVE PIERSON, FL 32180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP BURTON, AL 11 LAKE SHORE DR PIERSON, FL 32180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAMPRON, GEORGETTE 217 MELODIE LANE PIERSON, FL 32180	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIVESEY, MIKE 17 LAKESHORE DR PIERSON, FL 32180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Katherine Kopsa DS 2-16-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #