

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000111182

**Entity Name:** SUNNY RIDGE RETIREMENT AND ASSISTED LIVING FACILITY, INC.

**FILED**  
**Feb 26, 2024**  
**Secretary of State**  
**7787221371CC**

**Current Principal Place of Business:**

1713 WEST EUCLID AVE.  
DELAND, FL 32720

**Current Mailing Address:**

1713 WEST EUCLID AVE.  
DELAND, FL 32720

**FEI Number: 26-0213173**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

OCAMPO, MARILOU R  
10330 WILLOW RIDGE LOOP  
ORLANDO, FL 32825 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name OCAMPO, MARIQUITA  
Address 10306 JASMINE ROSE COURT  
City-State-Zip: ORLANDO FL 32825

Title VP  
Name OCAMPO, SHERMAN T  
Address 10330 WILLOW RIDGE LOOP  
City-State-Zip: ORLANDO FL 32825

Title S  
Name OCAMPO, MARILOU  
Address 10330 WILLOW RIDGE LOOP  
City-State-Zip: ORLANDO FL 32825

Title T  
Name OCAMPO, RODRIGO  
Address 10306 JASMINE ROSE COURT  
City-State-Zip: ORLANDO FL 32825

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MARILOU OCAMPO**

**SEC**

**02/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date