


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 521122 1. Entity Name SUNI-SANDS MOBILE HOME PARK, INC.	
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Principal Place of Business 961 N A1A UNIT 100 JUPITER, FL 33477-4573 US	Mailing Address 961 N A1A UNIT 100 JUPITER, FL 33477-4573 US
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04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1708540	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FALCONI, ANGELO
961 N A1A
STE 100
JUPITER, FL 33477

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing: Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000928665 05/21/08-80038-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FALCONI, ANGELO 928 E. BEAU STREET WASHINGTON, PA 15301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FALCONI, ANGELO M. BEAU REGENCY APT 3-6, E BEAU ST WASHINGTON, PA 15301
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: Angelo Falconi **4-25-08** **724-225-0418**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone