


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2006 8:00 am
Secretary of State

06-15-2006 90001 027 ****61.25

DOCUMENT # 748085 1. Entity Name THE GREATER SUNNYSIDE AREA PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 6833 TUSCAWILLA DR. LEESBURG, FL 34748			Mailing Address 6833 TUSCAWILLA DR. LEESBURG, FL 34748		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2850854 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIDDLE, EDWARD H 6833 TUSCAWILLA DR. LEESBURG, FL 34748			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ 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 <u><i>Edward H. Riddle</i></u> 5/1/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUCKER, B. MURRAY		NAME		
STREET ADDRESS	6913 SUNNYSIDE DR.		STREET ADDRESS		
CITY - ST - ZIP	LEESBURG, FL 34748		CITY - ST - ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAUTHEN, DAVID		NAME		
STREET ADDRESS	8010 GIBSON TERRACE		STREET ADDRESS		
CITY - ST - ZIP	LEESBURG, FL 34748		CITY - ST - ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIDDLE, ED		NAME		
STREET ADDRESS	6833 TUSCAWILLA DR		STREET ADDRESS		
CITY - ST - ZIP	LEESBURG, FL 34748		CITY - ST - ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERRY, TINA		NAME		
STREET ADDRESS	1209 SUNSHINE AVE		STREET ADDRESS		
CITY - ST - ZIP	LEESBURG, FL 34748		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, JOSEPH		NAME		
STREET ADDRESS	6285 SUNNYSIDE DR.		STREET ADDRESS		
CITY - ST - ZIP	LEESBURG, FL 34748		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 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: <u><i>Edward H. Riddle</i></u> 5/1/06 352-267-5883 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
EDWARD H. RIDDLE					