



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 748085 1. Entity Name THE GREATER SUNNYSIDE AREA PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 6833 TUSCAWILLA DR. LEESBURG, FL 34748	Mailing Address 6833 TUSCAWILLA DR. LEESBURG, FL 34748
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DO NOT WRITE IN THIS SPACE



01312007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2850854	Applied For <input type="checkbox"/> Not Applicable
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	DO NOT WRITE IN THIS SPACE
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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 *Edward H Riddle* **2/25/07**
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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000653167 03/13/07-80009-014 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUCKER, B. MURRAY 6913 SUNNYSIDE DR. LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAUTHEN, DAVID 8010 GIBSON TERRACE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIDDLE, ED 6833 TUSCAWILLA DR LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERRY, TINA 1209 SUNSHINE AVE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, JOSEPH 6285 SUNNYSIDE DR. LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 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: *Edward H Riddle* **2/25/07** **352-323-5383**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #