## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 752785** 

Entity Name: SUNNY SHORES SEA CAMP, INC.

FILED Apr 07, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:
	T CYPRESS CREEK RD	201 EAST PINE STREET
700 FORT LAU	UDERDALE, FL 33309 US	500 ORLANDO, FL 32801 US
Current N	/lailing Address:	New Mailing Address:
	T CYPRESS CREEK RD	201 EAST PINE STREET
700 FORT LAU	UDERDALE, FL 33309 US	500 ORLANDO, FL 32801 US
FEI Number	r: 59-2029332 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
4950 LEJU CORAL G The above	ROBERT, JR.,M.D. JENE ROAD ABLES, FL 33146 US E named entity submits this statement for the se of Florida.	purpose of changing its registered office or registered agent, or bot
SIGNATU	RE:	
	Electronic Signature of Registered Ag	ent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
Title: Name: Address: City-St-Zip:	PD ( ) Delete MUNSEY, DANA PO BOX 570674 N/A MIAMI, FL	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete MOCCIA-LOOS, GINA 4299 FOX TRACE BOYNTON BEACH, FL 33436	Title: D (X) Change ( ) Addition Name: MOCCIA-LOOS, GINA Address: 8439 TIBET BUTLER DRIVE City-St-Zip: WINDERMERE, FL 34786
Title: Name: Address: City-St-Zip:	D ( ) Delete MCKEY, ROBERT J M.D. 4950 LEJEUNE RD CORAL GABLES, FL	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VTD ( ) Delete LOOS, EDMUND O III 4299 FOX TRACE BOYNTON BEACH, FL 33436	Title: VTD (X) Change ( ) Addition Name: LOOS, EDMUND O III Address: 8439 TIBET BUTLER DRIVE City-St-Zip: ORLANDO, FL 34786
Title: Name: Address: City-St-Zip:	SD () Delete BROMBACH, KAREN 12525 79 ST FELLSMERE, FL 32948	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDMUND O. LOOS III VTD 04/07/2006