


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90031 002 ***158.75

DOCUMENT # H51121					
1. Entity Name SUNNY GROVE MOBILE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 2463 GULF TO BAY BLVD LOT 281 CLEARWATER FL 33765 US			Mailing Address 2463 GULF TO BAY BLVD LOT 281 CLEARWATER FL 33765 US		
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 59-2649429	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent DONOVAN, EWART 2463 GULF TO BAY LOT #281 CLEARWATER FL 33765-4329				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMPBELL, JIM			NAME	Bill Delina		
STREET ADDRESS	2463 GULF TO BAY #229			STREET ADDRESS	2463 Gulf to Bay Blvd # 229		
CITY-ST-ZIP	CLEARWATER FL 33765			CITY-ST-ZIP	CLEARWATER, FL 33765		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOOD, ROBERT			NAME	Reinon Kroadoff		
STREET ADDRESS	2463 GULF TO BAY LOT 239			STREET ADDRESS	2463 Gulf to Bay Blvd		
CITY-ST-ZIP	CLEARWATER FL 33765			CITY-ST-ZIP	CLEARWATER, FL 33765		
TITLE	P	<input type="checkbox"/> Delete		TITLE	President, Sunny Grove MHP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONOVAN, EWART			NAME	Ewart Donovan		
STREET ADDRESS	2463 GULF TO BAY LOT 281			STREET ADDRESS	2463 Gulf to Bay Blvd # 281		
CITY-ST-ZIP	CLEARWATER FL			CITY-ST-ZIP	CLEARWATER, FL 33765		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	2nd Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROHDY, GLENN			NAME	Pat George		
STREET ADDRESS	2463 GULF-TO-BAY BLVD S265			STREET ADDRESS	2463 Gulf to Bay Blvd # 219		
CITY-ST-ZIP	CLEARWATER FL			CITY-ST-ZIP	CLEARWATER, FL		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELINA, BILL			NAME			
STREET ADDRESS	2463 GULF TO BAY BLVD #245			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33765			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 exemption stated in Section 119.07(3)(i), 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: Ewart Donovan January 24, 2005 727-799-6861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #