

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90050 033 ***150.00

DOCUMENT # H66948

1. Entity Name
SUNI SANDS MOBILE HOME OWNERS, INC.



Principal Place of Business
**961 NORTH A1A SUITE 216
JUPITER, FL 33477 US**

Mailing Address
**961 NORTH A1A SUITE 216
JUPITER, FL 33477 US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02012004 Chg-P CR2E034 (10/03)

City & State
Zip Country

4. FEI Number
59-2566601

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BUCHANAN, BARBARA
961 N A-1-A
SUITE 201
JUPITER, FL 33477**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BUCHANAN, BARBARA**
STREET ADDRESS **961 N A-1-AM SUITE 201**
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **TD** ☐ Delete
NAME **LESOINE, BARBARA**
STREET ADDRESS **961 NORTH A1A, #125**
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **VD** ☒ Delete
NAME **DICKMAN, JUDITH**
STREET ADDRESS **961 NORTH A1A, #196**
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **RSD** ☐ Delete
NAME **PFEFFERCORN, GERHARD**
STREET ADDRESS **961 N A-1-A, #218**
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **SD** ☐ Delete
NAME **COBLENTZ, ELAINE**
STREET ADDRESS **961 N A1A STE 119**
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Timothy Purel**
STREET ADDRESS **961 N A1A #119**
CITY-ST-ZIP **Jupiter, FLA 33477**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Barbara Lesovene, Treasurer 3-05-04 - 561-743-1796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 2401518
#66948

Form **1120-H**

**U.S. Income Tax Return
for Homeowners Associations**

OMB No. 1545-0127

2003

Department of the Treasury
Internal Revenue Service

For calendar year 2003 or tax year beginning , 2003, and ending , 20

Use IRS label. Other- wise, print or type.	Name Sunrise Sands Mobil Home Owners	Employer identification number (see page 4)
	Number, street, and room or suite no. (If a P.O. box, see page 4.) 961 NALA # 216	Date association formed
	City or town, state, and ZIP code Jupiter, Fla 33477	

Check if: (1) ☒ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return

A Check type of homeowners association: ☐ Condominium management association ☐ Residential real estate association ☐ Timeshare association

B	Total exempt function income. Must meet 60% gross income test (see instructions)	B	150.00	950
C	Total expenditures made for purposes described in 90% expenditure test (see instructions)	C		
D	Association's total expenditures for the tax year (see instructions)	D		
E	Tax-exempt interest received or accrued during the tax year	E		

Gross Income (excluding exempt function income)

1	Dividends	1		
2	Taxable interest	2	18	18
3	Gross rents	3		
4	Gross royalties	4		
5	Capital gain net income (attach Schedule D (Form 1120))	5		
6	Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)	6		
7	Other income (excluding exempt function income) (attach schedule)	7		
8	Gross income (excluding exempt function income). Add lines 1 through 7	8	18	-

Deductions (directly connected to the production of gross income, excluding exempt function income)

9	Salaries and wages	9		
10	Repairs and maintenance	10		
11	Rents	11		
12	Taxes and licenses	12	150	=
13	Interest	13		
14	Depreciation (attach Form 4562)	14		
15	Other deductions (attach schedule)	15		
16	Total deductions. Add lines 9 through 15	16	150	
17	Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	8	
18	Specific deduction of \$100	18	\$100	00

Tax and Payments

19	Taxable income. Subtract line 18 from line 17	19	0	
20	Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	20	0	
21	Tax credits (see instructions)	21	0	
22	Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22	0	
23	Payments: a 2002 overpayment credited to 2003	23a		
	b 2003 estimated tax payments	23b		
	c Total	23c		
	d Tax deposited with Form 7004	23d		
	e Credit for tax paid on undistributed capital gains (attach Form 2439)	23e		
	f Credit for Federal tax on fuels (attach Form 4136)	23f		
	g Add lines 23c through 23f	23g	0	
24	Tax due. Subtract line 23g from line 22. See instructions for depository method of tax payment	24	0	
25	Overpayment. Subtract line 22 from line 23g	25		
26	Enter amount of line 25 you want: Credited to 2004 estimated tax	26		
	Refunded			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here *Brian Laporte* **3-05-04** *Treasurer*

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN		
				Phone no. ()