

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90353 014 \*\*\*\*70.00

**60029313**



<b>DOCUMENT # N02463</b> 1. Entity Name <b>SUNNYSIDE RETIREMENT INCORPORATED</b>					
Principal Place of Business <b>5201 BAHIA VISTA SARASOTA, FL 34232-2615</b>			Mailing Address <b>5201 BAHIA VISTA SARASOTA, FL 34232-2615</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2562598</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MILLER, DAVID RAY 5201 BAHIA VISTA STREET SARASOTA, FL 34232</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <b>KORNHAUS, CHERYL</b> <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>560 COMMONWEALTH PLACE</b>		NAME	<b>Naomi Schlabach</b>	
STREET ADDRESS	<b>SARASOTA, FL 34242</b>		STREET ADDRESS	<b>5885 Ibis St., Sarasota, FL 34241</b>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DVP <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>LEE, H. GREG</b>		NAME	<b>Paul Yoder</b>	
STREET ADDRESS	<b>2014 FOURTH ST.</b>		STREET ADDRESS	<b>5609 Bahia Vista, Sarasota, FL 34232</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34237</b>		CITY-ST-ZIP		
TITLE	DT <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>DENLINGER, GLEN</b>		NAME	<b>Hertha Isaac</b>	
STREET ADDRESS	<b>4041 BAHIA VISTA STREET</b>		STREET ADDRESS	<b>7391 Eleanor Circle, Sarasota, FL 34243</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>HARRIS, WADE</b>		NAME	<b>Dale Stoll</b>	
STREET ADDRESS	<b>1972 BARBER RD</b>		STREET ADDRESS	<b>1841 Sandalwood Dr. Sarasota, FL 34231</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34240</b>		CITY-ST-ZIP		
TITLE	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MAST, ALLEN</b>		NAME		
STREET ADDRESS	<b>1001 N. WASHINGTON ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL <del>34237</del> 34236</b>		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.					
<b>SIGNATURE:</b> <i>David Ray Miller</i> <b>ED.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-19-06</b> <b>941-371-2750</b> <small>Date Daytime Phone #</small>		