

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90001 008 ****61.25

DOCUMENT # N04000003940

1. Entity Name
SUNNYSIDE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**C/O L. ERIK CALONIUS
1662 SUMMER WAY
WINTER PARK, FL 32789**

Mailing Address
**C/O L. ERIK CALONIUS
1662 SUMMER WAY
WINTER PARK, FL 32789**

40100000



2. Principal Place of Business

111 North Orange Ave.

Suite, Apt. #, etc.

Suite 1600

City & State

Orlando, Florida

Zip

32801

Country

USA

3. Mailing Address

1111 Sunnyside Drive

Suite, Apt. #, etc.

City & State

Winter Park, Florida

Zip

32789

Country

USA

08242006 Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CALONIUS, L. ERIK
1662 SUMMER WAY
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name **Steve Appel**

Street Address (P.O. Box Number is Not Acceptable)

1111 Sunnyside Drive

City

Winter Park, Florida

FL

Zip Code

32789

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

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 September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to:
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **CALONIUS, L. ERIK**
STREET ADDRESS **1662 SUMMER WAY**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **D** ☐ Delete
NAME **MURRAH, ANN HICKS**
STREET ADDRESS **1601 LEGION DRIVE**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **D** ☒ Delete
NAME **LEWIS, STACY M**
STREET ADDRESS **1611 SUMMERLAND**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **D** ☒ Delete
NAME **FINFROCK, JENNIFER K**
STREET ADDRESS **1600 SUNNYSIDE DRIVE**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **D** ☒ Delete
NAME **HANSON, KENNETH J**
STREET ADDRESS **1700 SUNNYSIDE DRIVE**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President (P)** ☐ Change ☒ Addition
NAME **Deirdre Macnab**
STREET ADDRESS **1860 Summerland Drive**
CITY-ST-ZIP **Winter Park, Florida 32789**

TITLE **Treasurer (T)** ☐ Change ☒ Addition
NAME **Steve Appel**
STREET ADDRESS **1111 Sunnyside Drive**
CITY-ST-ZIP **Winter Park, Florida 32789**

TITLE **Director (D)** ☐ Change ☒ Addition
NAME **Sharon Helsby**
STREET ADDRESS **825 Dixie Parkway**
CITY-ST-ZIP **Winter Park, Florida 32789**

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 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 637, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/10/06

407-563-2243