## FILED Sep 11, 2006 8:00 am Secretary of State 09-11-2006 90001 008 \*\*\*\*61.25

ANNUAL REPORT	RATION
DOCUMENT # N0400003940  1. Entity Name	
SUNNYSIDE NEIGHBORHOOD ASSOCIATION, INC.	

1								
Principal Plac		Mailing Address C/O L. ERIK CALONIUS			4010903	U		
C/O L. ERIK CALONIUS  1662 SUMMER WAY  C/O L. ERIK CALONIUS  1662 SUMMER WAY								
WINTER PARI	K, FL 32789	WINTER PARK, FL 3278	9		PII BEIIL BIBII BBIII BBIII BBIII	2011 2010 2 MIN 1811 BYEN &	armat a) (981	
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l	lace of Business	3. Mailing Address	-0.		BIL OZNIK OZOŻI BODII BOKŻ ODLII	BBM BBM BIND 1811 BIBU B	BULLER DI LEBE	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	CALL DITIO	08242006				
Suite		, , , , , , , , , , , , , , , , , , , ,		08242000	Chg-NP	CR2E037 (4/06)		
City & State	elo, Florida	City & State Winter Park	-, Florid	4. FEI Num NOT A	ber APPLICABLE		opplied For lot Applicable	
Zip 3 2 2	io Country USA	32789	Country US7	5. Certifica	te of Status Desired	□ \$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
CALONIUS	STERIK		Name_	Steve-1	Aprel-		<del></del>	
1662 SUM				ddress (P.Q. Box Num	dress (P.Q. Box Number (s Not Acceptable)			
WINTER P	PARK, FL 32789		16	16 Sunny:	side Drim	<u></u>		
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'			gity (1)	inter Par	- K, Florida	FL Zip Coo	<sup>ያ</sup> ይና	
8. The above	named entity submits this statement for	r the purpose of changing its re			ooth, in the State of Flor	ida. I am familiar with	n, and accept	
ine obligat	tions of registered agents.	/ / /l/			1.1			
SIGNATURE .	Tillan (	( M/L			9/4/0	6		
SIGNATURE .	Signature typed or printed same of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	ure required when reinstating)		DATE		
	Filing Fee is \$61.25	9. Election Camp	aion Financina	\$5.00 ··	_ Ms	ike check payable	to	
D-	ue by September 6, 2006	Trust Fund Co		S5.00 May Added to Fee	, 50	da Department of 8		
10.	•	Trust Fund Co		Added to Fee	, 50	da Department of S	State	
	ue by September 6, 2006	Trust Fund Co	ntribution.	Added to Fee	Floric	da Department of S	State	
10. TITLE NAME	OFFICERS AND DIE CALONIUS, L. ERIK	Trust Fund Co	11. TITLE NAME	Added to Fee  ADDITIONS/O  President  Deirare	HANGES TO OFFICER	da Department of \$ IS AND DIRECTORS II Change	State N 10	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIE  CALONIUS, L. ERIK  1662 SUMMER WAY	Trust Fund Co	TITLE NAME STREET ADDRESS	Added to Fee	HANGES TO OFFICER  Macheb  Arland Driv	da Department of \$ IS AND DIRECTORS II Change	State N 10	
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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 suppliemental 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 of trustee empowered to execute this report is 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.

SIGNATURE:

G OFFICER OR DIRECTOR

407-563-2243