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NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 4-26-96

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C

DOCUMENT # N05348

1. Corporation Name

SUNNYDALE MOBILE HOME PARK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O LEONARD OSHINSKY, ESQ.
P.O. BOX 129
HALLANDALE FL 33008-7129

C/O LEONARD OSHINSKY, ESQ.
P.O. BOX 129
HALLANDALE FL 33008-7129



3. Date Incorporated or Qualified
09/25/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSHINSKY, LEONARD, ESQ.
1150 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE ☐ DELETE

NAME PD
VICKERS, VALA
STREET ADDRESS 126 BEDFORD AVE.
CITY-ST-ZIP HALLANDALE FL

TITLE ☐ DELETE

NAME STD
REDYK, KATHY
STREET ADDRESS 131 BEDFORD AVENUE
CITY-ST-ZIP HALLANDALE FL

TITLE ☐ DELETE

NAME VP
ROBERSON, JEFF
STREET ADDRESS 131 BEDFORD AVE
CITY-ST-ZIP HALLANDALE FL

TITLE ☐ DELETE

NAME D
VISCO, MARY
STREET ADDRESS 117 BEDFORD AVE
CITY-ST-ZIP HALLANDALE FL

TITLE ☐ DELETE

NAME D
CYR, MAURICE
STREET ADDRESS 118 ATLANTIC AVENUE
CITY-ST-ZIP HALLANDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kathleen S. Redyk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen S. Redyk

4/22/96

Date

(954)
454-2852

Daytime Phone #

CR2E037 (12/95)