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FILED

May 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N05348 (0)

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 33008-7129C/O LEONARD OSHINSKY, ESQ.  
P.O. BOX 129  
HALLANDALE FL 33008-01293. Date Incorporated or Qualified  
09/25/19843a. Date of Last Report  
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME VICKERS, VALA  
STREET ADDRESS 126 BEDFORD AVE.  
CITY-ST-ZIP HALLANDALE FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE STD ☐ DELETE  
NAME REDYK, KATHY  
STREET ADDRESS 131 BEDFORD AVENUE  
CITY-ST-ZIP HALLANDALE FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE VP ☒ DELETE  
NAME ROBERSON, JEFF ~~DOB~~  
STREET ADDRESS 131 BEDFORD AVE  
CITY-ST-ZIP HALLANDALE FL3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME YP  
3.3 STREET ADDRESS DUSSAULT, MARCEL  
3.4 CITY-ST-ZIP 116 BEDFORD AVE  
HALLANDALE, FL 33009TITLE D ☐ DELETE  
NAME VISCO, MARY  
STREET ADDRESS 117 BEDFORD AVE  
CITY-ST-ZIP HALLANDALE FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME CYR, MAURICE  
STREET ADDRESS 118 ATLANTIC AVENUE  
CITY-ST-ZIP HALLANDALE FL5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME D  
5.3 STREET ADDRESS Benedict, Glenda  
5.4 CITY-ST-ZIP 131 Atlantic Ave.  
Hallandale, FL 33009TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 M. B. REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR5/9/97  
Date954-429-3800  
Daytime Phone # 0022495

CR2E037 (9/96)