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**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90150 011 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N05348**

1. Corporation Name

**SUNNYDALE MOBILE HOME PARK HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified		
21	26	09/25/1984		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number		
22	27	59-2580405		
City & State	City & State	Applied For		
23	28	Not Applicable		
Zip	Country	5. Certificate of Status Desired		
24	25	29	30	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees
Trust Fund Contribution				

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	1.1 TITLE	
NAME	VICKERS, VALA	1.2 NAME	
STREET ADDRESS	126 BEDFORD AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	STD
NAME	REDYK, KATHY	2.2 NAME	CAROL RICHEL
STREET ADDRESS	131 BEDFORD AVENUE	2.3 STREET ADDRESS	129 BEDFORD AVE
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	VP	3.1 TITLE	
NAME	KIDD, BETTY	3.2 NAME	
STREET ADDRESS	132 ATLANTIC AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	VISCO, MARY	4.2 NAME	
STREET ADDRESS	117 BEDFORD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BENEDICT, GLENDA	5.2 NAME	
STREET ADDRESS	131 ATLANTIC AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Vala Vickers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99 954-457-8252

Date

Daytime Phone #

CR2E037 (11/98)