

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N05348**

1. Entity Name

**SUNNYDALE MOBILE HOME PARK HOMEOWNERS' ASSOCIATI****FILED****May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90967 013 \*\*\*\*61.25

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 33008-7129**046035**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2580405**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
VICKERS, VALA  
126 BEDFORD AVE.  
HALLANDALE FL  
☐ Delete  
*VALA Kepnes*TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*NAME Change*  
*VALA Kepnes*  
*126 Bedford Ave*  
*HALLANDALE FL 33009*  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
RICHEL, CAROL  
129 BEDFORD AVENUE  
HALLANDALE FL 33009  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
KIDD, BETTY  
132 ATLANTIC AVE  
HALLANDALE FL 33009  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
VISCO, MARY  
117 BEDFORD AVE  
HALLANDALE FL  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BENEDICT, GLENDA  
131 ATLANTIC AVE  
HALLANDALE FL  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 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 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:

*SIGNATURE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

954-457-8252

Daytime Phone #

CR2E037 (10/00)