

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004790

FILED
Jan 05, 2009
Secretary of State

Entity Name: SUNNY HILLS/OAK HILL TAXPAYERS LEAGUE, INC.

Current Principal Place of Business:

3892 BELMAR PLACE
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

3892 BELMAR PLACE
CHIPLEY, FL 32428

New Mailing Address:

FEI Number: 06-1832480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZURICA, SALVATORE
3892 BELMAR PLACE
CHIPLEY, FL 32428 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZURICA, SALVATORE
Address: 3892 BELMAR PLACE
City-St-Zip: CHIPLEY, FL 32428

Title: VP () Delete
Name: MICHALSKI, JOHN
Address: 3935 LINWOOD DR
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: KIRK, SHARON
Address: 1721 HAVERHILL DR
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: COURTEMANCHE, KAREN
Address: 3951 CONCORD BLVD
City-St-Zip: CHIPLEY, FL 32428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVATORE ZURICA

P

01/05/2009

Electronic Signature of Signing Officer or Director

Date