
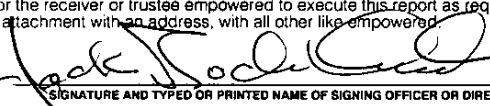


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90002 036 \*\*\*\*61.25

<b>DOCUMENT # N07949</b> 1. Entity Name <b>SUNNY SOUTH ESTATES HOME OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <del>BOX 3025</del> <b>BOYNTON BEACH, FL 33424-3025</b>			Mailing Address <b>BOX 243025</b> <b>BOYNTON BEACH, FL 33424-2430</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>P.O. Box 243025</b>			3. Mailing Address Suite, Apt. #, etc. <b>P.O. Box 243025</b>		
City & State <b>BOYNTON BEACH, FL</b>			City & State <b>BOYNTON BEACH, FL</b>		
Zip <b>33424</b>		Country <b>USA</b>		4. FEI Number <b>59-2466115</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FLYNN, DENNIS P.</b> <del>2010 VIA POINCIANA #9</del> <b>LAKE WORTH, FL 33467</b>			7. Name and Address of New Registered Agent Name <b>FLYNN, DENNIS P.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3898 VIA POINCIANA, SUITE 13</b> City <b>LAKE WORTH, FL</b> Zip Code <b>33467</b>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>P</b> NAME <b>BURKHART, GORDON</b> STREET ADDRESS <b>850 SUN WISE COURT</b> CITY-ST-ZIP <b>BOYNTON BEACH, FL 33436</b>	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b> NAME <b>WEINBURG, MAYNARD</b> STREET ADDRESS <b>739 SUNNY SOUTH AVENUE</b> CITY-ST-ZIP <b>BOYNTON BEACH, FL 33436</b>	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>SD</b> NAME <b>DIMASI, MARILYN</b> STREET ADDRESS <b>675 SUNNY SOUTH AV</b> CITY-ST-ZIP <b>BOYNTON BEACH, FL 33436</b>	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>T</b> NAME <b>ROCHKIND, JACK</b> STREET ADDRESS <b>701 SUNNY SOUTH AVE</b> CITY-ST-ZIP <b>BOYNTON BEACH, FL 33436</b>	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>1VP</b> NAME <b>BLUMBERG, MARILYN</b> STREET ADDRESS <b>875 SUN BIRD LANE</b> CITY-ST-ZIP <b>BOYNTON BEACH, FL 33436</b>	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <b>Feb. 14, 2006</b> Daytime Phone #: <b>742-7910</b>					