


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90221 050 ****61.25

DOCUMENT # N08086 1. Entity Name SUNNYBROOK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O COASTAL MGMT 11235 OSCEOLA DR NEW PORT RICHEY, FL 34654 US				Mailing Address C/O COASTAL MGMT 11235 OSCEOLA DR NEW PORT RICHEY, FL 34654 US	
2. Principal Place of Business 6710 Embassy Blvd. Suite, Apt. #, etc. Suite 204 City & State Port Richey, FL		3. Mailing Address P.O. Box 1407 Suite, Apt. #, etc. City & State Port Richey, FL			
Zip 34668		Country US		4. FEI Number 59-2541919	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MYSZKOWIAK, MARY ANN 11235 OSCEOLA DR NEW PORT RICHEY, FL 34654				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6710 Embassy Blvd. Suite 204 City Port Richey FL Zip Code 34668	
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>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRAUSAM, VIC <input checked="" type="checkbox"/> Delete 6619 SPRINGFLOWER DR #13 NEW PORT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bob Gagnon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6428 Gloria Dr. #21 New Port Richey, FL 34653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILEO, VINCENT <input type="checkbox"/> Delete 6424 SPRINGFLOWER #21 NEW PORT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WASKOWIAK, JEAN <input checked="" type="checkbox"/> Delete 6630 SPRING FLOWER DYNIC 25 NEW PORT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP Elain martin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6424 Spring flower Dr. #14 New Port Richey, FL 34653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOEHLER, SHEILA <input type="checkbox"/> Delete 6604 SPRINGFLOWER DR., #15 NEW PORT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONTEITH, JOICE <input type="checkbox"/> Delete 6508 TINA DR #15 NEW PORT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIERRO, JOSEPH <input type="checkbox"/> Delete 4804 SUNNYBROOK DR #21 NEW PORT RICHEY, FL 34653		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.					
SIGNATURE: <u>Joseph Fierro</u> Joseph Fierro 4/26/06 (727) 846-1372 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					