


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
5 Jun 18, 2008 8:00 am
Secretary of State

05-23-2008 90022 005 ****61.25

DOCUMENT # N08086			
1. Entity Name SUNNYBROOK CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 6710 EMBASSY BLVD SUITE 204 PORT RICHEY, FL 34668 US		Mailing Address PO BOX 1407 PORT RICHEY, FL 34673 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MYSZKOWIAK, MARY ANN 6710 EMBASSY BLVD SUITE 204 PORT RICHEY, FL 34668		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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			
TITLE	PD	<input checked="" type="checkbox"/> Delete	
NAME	ARMSTRONG, MIKE		
STREET ADDRESS	4826 MYRTLE OAK DR #14		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		
TITLE	TD	<input type="checkbox"/> Delete	
NAME	DILEO, VINCENT		
STREET ADDRESS	6424 SPRINGFLOWER #21		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		
TITLE	VD	<input checked="" type="checkbox"/> Delete	
NAME	BRAUSAM, VIC		
STREET ADDRESS	6619 SPRING FLOWER DR #13		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	KOEHLER, SHEILA		
STREET ADDRESS	6604 SPRINGFLOWER DR., #15		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		
TITLE	SD	<input checked="" type="checkbox"/> Delete	
NAME	MONTEITH, JOICE		
STREET ADDRESS	6508 TINA DR #15		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	ARCARA, JOE		
STREET ADDRESS	4915 MYRTLE OAK #11		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Peter 6516 Tina Dr.		
STREET ADDRESS	New port Richey, fl.		
CITY-ST-ZIP	34653		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Phillip Galvin		
STREET ADDRESS	6516 Tina Dr.		
CITY-ST-ZIP	New Port Richey		
TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Tony Perritano		
STREET ADDRESS	6516 Tina Dr.		
CITY-ST-ZIP	New Port Richey		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	David Upham		
STREET ADDRESS	6516 Tina Dr.		
CITY-ST-ZIP	New Port Richey		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Joseph Fierro		
STREET ADDRESS	6516 Tina Dr.		
CITY-ST-ZIP	New Port Richey		
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: <i>Janet M. Ku</i>		Date: 4/30/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone: 727-859-9134	

66014391



04252008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2541919 Applied For Not Applicable

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary)

Filing Fee is \$61.25 Due by May 1, 2008
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
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CITY-ST-ZIP	NEW PORT RICHEY, FL 34653			CITY-ST-ZIP	34653		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DILEO, VINCENT			NAME			
STREET ADDRESS	6424 SPRINGFLOWER #21			STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BRAUSAM, VIC			NAME	Phillip Galvin		
STREET ADDRESS	6619 SPRING FLOWER DR #13			STREET ADDRESS	6516 Tina Dr.		
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SIGNATURE: *Janet M. Ku* Date: 4/30/08 Daytime Phone: 727-859-9134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

66014391

ATTACHMENT

President Vincent Dileo
6424 Springflower Dr. #21
New Port Richey, FL 34653

#1108086

V. President Peter D'Avanzo
4826 Myrtle OAK Dr. #12
New Port Richey, FL 34653

Treasurer Anthony Perritano
6627 Springflower Dr. #11
New Port Richey, FL 34653

Secretary Phyllis Galvin
6627 Springflower Dr. #13
New Port Richey, FL 34653

DAVID Upham (Director)
6619 Springflower Dr. #24
New Port Richey, FL 34653

Joseph Fierro (Director)
4804 Sunnybrook Drive #21
New Port Richey, FL 34653

Charlie McLaughlin
4805 Sunnybrook Dr. #15
New Port Richey, FL 34653