FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N17592

(9)

SUNNY ACRES HOMEOWNERS ASSOCIATION, INC.

#3 SUNNY AC		#3 SUNNY ACRES				
NAPLES FL 33942		NAPLES FL 33942				
US		US			3. Date Incorporated or Qualified 10/30/1986	3a. Date of Last Report 03/22/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEt Number	Applied For
21		26		59-2773969	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	
24	25 25 Name and Address of Curren		30		Florida Statutes 10. Name and Address of New R	Yes No
***************	8. Teams the read of a fall and		81	Name		2 10 10 10 10 10 10 10 10 10 10 10 10 10
COLLING	2 IEE IAV					
COLLING, LEE JAY 20 N ORANGE AVE., SUITE 1107			82	82 Street Address (P.O. Bay Tylmy T. 1 196:		
	00 FL 32801		83			107 - 027
OUDANG	O I E OLOGI		84	City	***61.25	es Zio Codo
			04	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	in skyratore	ADDITIONS/CHANGES TO OFFI	
TITLE	DP	DELETE	1.1 TITLE		1,001,10,01,11,000,70 0(1)	Change Addition
NAME	DENNIS, MARILYN		1.2 NAME			
STREET ADDRESS	6380 RADIO ROAD #3		1.3 STREET	ADDRESS	CHRISTING YEOMAI	VS #16
CITY-ST-ZIP	NAPLES FL		1.4 CITY - S	T-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		- 0	Change Addition
NAME	HALL, MARLENE		2.2 NAME		Ted Radomski	Ale 11 -
STREET ADDRESS	6380 RADIO ROAD #41		2.3 STREET			# 40
CITY-ST-ZIP TITLE	NAPLES FL	DELETE	2. 4 CITY - S 3.1 TITLE	ST-ZIP		Change Addition
NAME	SD Colley, Charlotte		3.2 NAME			Fill countries Fill vodition
STREET ADDRESS	6380 RADIO ROAD #43		3.3 STREET	ADDRESS	SAmes	
CITY-ST-ZIP	NAPLES FL		3.4. CITY-5		SAMS	
TITLE	TD	DELETE	4.1 TITLE	, , · E.U	SAME	Change Addition
NAME	LOSCHERT, HOWARD		4. 2 NAME			
STREET ADDRESS	6380 RADIO ROAD #25 SUN	NY ACRES	4.3 STREET	ADDRESS	SAme_	
CITY-ST-ZIP	NAPLES FL		4.4 CITY - S	T-ZIP		
TITLE	D	DELETE	5.1 TITLE			Change Addition
NAME	DADDONE, ROSE		5.2 NAME			1/1 1/2
STREET ADDRESS	6380 RADIO ROAD #37 SUN	NY ACRES	5.3 STREET	address	SAMZ	-122110
CITY-ST-ZIP	NAPLES FL		5.4 CITY - S	T-ZIP	7,1,1,1	
TITLE	D	☐ DELETE	6.1 TITLE			Change Addition
NAME	MCINERENY, ROBERT		6.2 NAME		SAMD	
STREET ADDRESS	6380 RADIO ROAD		6.3 STREET	ADDRESS) -4 M >	

NAPLES FL

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

EARD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RZE037 (9/96)

FILED

Feb 10 1997 8:00am

Secretary of State