

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90125 011 ****61.25

0063544

DOCUMENT # N17592

1. Corporation Name

SUNNY ACRES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

6380 RADIO RD #16
NAPLES FL 34104
US

Mailing Address

6380 RADIO RD #16
NAPLES FL 34104
US



218625 - 90125 - 11

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/30/1986

4. FEI Number

59-2773969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

COLLING, LEE JAY
20 N ORANGE AVE., SUITE 1107
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name COLLING LEE JAY
82 Street Address (P.O. Box, Number is Not Acceptable)
500 N. MAITLAND AVE, SUITE 203
83
84 City MAITLAND FL 85 Zip Code 32751

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 DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	YEOMANS, CHRISTINE	
STREET ADDRESS	6380 RADIO ROAD #16	
CITY-ST-ZIP	NAPLES FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	RADOMSKI, TED	
STREET ADDRESS	6380 RADIO ROAD #40	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COLLEY, CHARLOTTE	
STREET ADDRESS	6380 RADIO ROAD #43	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOSCHERT, HOWARD	
STREET ADDRESS	6380 RADIO ROAD #25 SUNNY ACRES	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DADDONE, ROSE	
STREET ADDRESS	6380 RADIO ROAD #37 SUNNY ACRES	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARILYN DENNIS	
STREET ADDRESS	6380 RADIO RD #16	
CITY-ST-ZIP	NAPLES FL 34104	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DENNIS MARILYN	
1.3 STREET ADDRESS	6380 RADIO RD #3	
1.4 CITY-ST-ZIP	NAPLES FL	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BEDARD MAURICE	
2.3 STREET ADDRESS	6380 RADIO RD #45	
2.4 CITY-ST-ZIP	NAPLES FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GARCIA MARIA #67	
5.3 STREET ADDRESS	6380 RADIO RD	
5.4 CITY-ST-ZIP	NAPLES FL	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RICHMOND JOANN	
6.3 STREET ADDRESS	6380 RADIO RD #42	
6.4 CITY-ST-ZIP	NAPLES FL	

14. I 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, with all other like empowered.

SIGNATURE: *Id war SIGNATURE REQUIRED TD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-99 941-443-2954

Date

Daytime Phone #

CR2E037 (11/98)