


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N19870</b>	
1. Entity Name <b>SUNNY SHORES MOBILE HOME OWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>11500-38TH AVE., W. P.O. BOX 171 CORTEZ, FL 34215</b>	Mailing Address <b>11500-38TH AVE., W. P.O. BOX 171 CORTEZ, FL 34215</b>
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02262006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0043395</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WHITACRE, PATRICIA A 3824 115TH ST. CT. W. BRADENTON, FL 34210</b>
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TYMESON, BRUCE 3510 115TH ST W BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OLSON, HAROLD 3619 116TH ST. CT. W. BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITACRE, PATRICIA 3824 115TH ST. CT. W. BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEIST, KAY 3919 116TH ST W BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAYLOR, BUTCH 3303 117TH ST W BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

7620004-5035  
64711708-80040-001 61.25

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:** Patricia A. Whitacre 2/27/06 941-761-8156  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone If