

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortnam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N36500 (9)**

1. Corporation Name

**SUNNY ACRES MOBILE HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business

% DOLORES SIMMONS  
5137 ALT 27 N LOT #18  
LAKE WALES FL 33853

Mailing Address

% DOLORES SIMMONS  
5137 ALT 27 N LOT #18  
LAKE WALES FL 33853

3. Date Incorporated or Qualified  
**02/01/1990**

3a. Date of Last Report  
**02/21/1995**

2. Principal Place of Business

21 % MARY L. DRISCOLL

Suite, Apt. #, etc.

22 5137 ALT 27 N LOT 13

City & State

23 LAKE WALES FL

Zip

24 33853

Country

25 POLK

2a. Mailing Address

26 % MARY L. DRISCOLL

Suite, Apt. #, etc.

27 5137 ALT 27 N LOT 13

City & State

28 LAKE WALES FL

Zip

29 33853

Country

30 POLK

4. FEI Number

**59-3040746**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~Driscoll~~  
~~DRISCOLL~~, MARY  
5137 ALT 27 N LOT #13  
SUNNY ACRES MHP  
LAKE WALES FL 33853

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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 Director, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME REED, NOVA D  
STREET ADDRESS 5137 ALT 27 N LOT 41  
CITY-ST-ZIP LAKE WALES FL

☐ DELETE

1.1 TITLE D  
1.2 NAME GARY LAMBERT  
1.3 STREET ADDRESS 5137 ALT 27 N LOT 44  
1.4 CITY-ST-ZIP LAKE WALES FL 33853

☐ Change

☒ Addition

TITLE VPD  
NAME WHITE, ROLAND D  
STREET ADDRESS 5137 ALT 27 N LOT 75  
CITY-ST-ZIP LAKE WALES FL

☐ DELETE

2.1 TITLE D  
2.2 NAME DICK COLLINS  
2.3 STREET ADDRESS 5137 ALT 27 N LOT 19  
2.4 CITY-ST-ZIP LAKE WALES FL 33853

☐ Change

☒ Addition

TITLE STD  
NAME SIMMONS, DOLORES A D  
STREET ADDRESS 5137 ALT 27 N, LOT #18  
CITY-ST-ZIP LAKE WALES FL

☒ DELETE

3.1 TITLE D  
3.2 NAME BILL STONE  
3.3 STREET ADDRESS 5137 ALT 27 N LOT 1  
3.4 CITY-ST-ZIP LAKE WALES FL 33853

☐ Change

☒ Addition

TITLE ~~PAB~~ SEC. TREAS. D  
NAME DRISCOLL, MARY D  
STREET ADDRESS 5137 ALT 27 N, LOT #13  
CITY-ST-ZIP LAKE WALES FL

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE C  
NAME SIMMONS, FRANK D  
STREET ADDRESS 5137 ALT 27 N LOT #18  
CITY-ST-ZIP LAKE WALES FL

☒ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME SIMMONS, FRANK D  
STREET ADDRESS 5137 ALT. 27, N. LOT 18  
CITY-ST-ZIP LAKE WALES FL

☒ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Dolores A. Simmons*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mary L. Driscoll*

Date:

3-25-96

941-439-1673

941-439-1730

CR2E037 (12/95)