

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90028 038 *****61.25

DOCUMENT # N37162

1. Entity Name

SUNNY PINES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1200 US HWY 27 NORTH
SEBRING FL 33870
US

Mailing Address

682 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3004127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLING, LEE JAY
682 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701

NEW ADDRESS →

Name

LEE JAY COLLING + ASSOCIATES, P.A.

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

529 VERSAILLES DRIVE, SUITE 103

City

MAITLAND

FL

Zip Code
32751

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	JAECK, DORIS R	
STREET ADDRESS	1841 PYE DR	
CITY - ST - ZIP	SEBRING FL 33870	

TITLE	PD	<input type="checkbox"/> Delete
NAME	DOBBS, KENNETH	
STREET ADDRESS	1809 PYE DR	
CITY - ST - ZIP	SEBRING FL 33870	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	DUNAVIN, JUDY	
STREET ADDRESS	1929 PYE DR.	
CITY - ST - ZIP	SEBRING FL 33870	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Doris R. Jaech

DORIS R. JAECK

2/18/06