2007 NOT-FOR-PROFIT CORPORATION

Apr 06, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N37162 04-06-2007 90046 040 ****61.25 1. Entity Name SUNNY PINES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 40004000 1200 US HWY 27 NORTH 682 MAITLAND AVE SEBRING, FL 33870 ALTAMONTE SPRINGS, FL 32701 IIS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122007 Chg-NP CR2E037 (12/06) City & State City & State Applied For 59-3004127 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLLING, LEE JAY Street Address (P.O. Box Number is Not Acceptable) 529 VERSAILLES DRIVE **SUITE 103** MAITLAND, FL 32751 City Zip Code FL 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 reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. STD TITLE □ Delete TITLE Addition JAECK, DORIS R NAME NAME STREET ADDRESS 1841 PYE DR STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33870 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition DOBBS, KENNETH NAME NAME STREET ADDRESS 1809 PYE DR STREET ADDRESS SEBRING, FL 33870 CITY-ST-ZIP CITY-ST-ZIP VPD Delete TITLE TITLE ☐ Change ☐ Addition DUNAVIN, JUDY NAME NAME STREET ADDRESS 1929 PYE DR STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33870 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Votes K Jack Dolis R. JAGCK
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ Delete

Change

Addition

FILED