

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996-2-27-96

B-1621 (5) C

DOCUMENT # N41570

1. Corporation Name

SUNNY SANDS RESIDENTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~201 MELODIE LANE
PIERSON FL 32180
US~~

~~302 OAK ST.
PIERSON FL 32180
US~~

3. Date Incorporated or Qualified
01/07/1991

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 12 LAKESHORE DR

26 12 LAKESHORE DR

4. FEI Number
59-3054889

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 PIERSON FL

28 PIERSON FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip 32180

25 Country USA

29 Zip 32180

30 Country USA

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

~~KEMP KARIS
302 OAK ST
PIERSON FL 32180~~

81 Name JOHN WEIBLER, SR

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

83

84 City PIERSON

85 FL

86 Zip Code 32180

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 JOHN WEIBLER

(NOTE: Registered Agent signature required when reinstating)

2-7-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EDINGTON, JERRY	
STREET ADDRESS	524 CENTRAL BLVD.	
CITY-ST-ZIP	PIERSON FL	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	ENGBORG, KAREN	
STREET ADDRESS	201 MELODIE LN	
CITY-ST-ZIP	PIERSON FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ENGBORG, CLARE B	
STREET ADDRESS	201 MELODIE LN	
CITY-ST-ZIP	PIERSON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH CARY	
STREET ADDRESS	508 CENTRAL BLVD.	
CITY-ST-ZIP	PIERSON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TOM HORTON	
1.3 STREET ADDRESS	415 PALM AVE	
1.4 CITY-ST-ZIP	PIERSON, FL 32180	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CALHE GOEDELMAN	
2.3 STREET ADDRESS	316 OAK ST	
2.4 CITY-ST-ZIP	PIERSON, FL. 32180	
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOHN WEIBLER, SR	
3.3 STREET ADDRESS	12 LAKE SHORE DR	
3.4 CITY-ST-ZIP	PIERSON, FL 32180	
4.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARY PHILLIPS	
4.3 STREET ADDRESS	412 PALM AVE	
4.4 CITY-ST-ZIP	PIERSON, FL 32180	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LYNDA BALLARD	
5.3 STREET ADDRESS	421 PALM AVE	
5.4 CITY-ST-ZIP	PIERSON, FL 32180	
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CARY SMITH	
6.3 STREET ADDRESS	508 CENTRAL BL	
6.4 CITY-ST-ZIP	PIERSON, FL 32180	

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:

John Weibler Sr TREASURER 2-10-96 (904) 749-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)