

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41570 (5)
 1. Corporation Name
SUNNY SANDS RESIDENTS ASSOCIATION, INC.



Principal Place of Business 12 LAKESHORE DR PIERSON FL 32180 US	Mailing Address 12 LAKESHORE DR PIERSON FL 32180-2356 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/07/1991	3a. Date of Last Report 02/27/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3054889	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WEBLER, JOHN SR 12 LAKESHORE DR PIERSON FL 32180		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORTON, TOM	1.2 NAME	GRIFFIN, TRACY
STREET ADDRESS	415 PALM AVE	1.3 STREET ADDRESS	1424 S. SEAGATE DR
CITY-ST-ZIP	PIERSON FL	1.4 CITY-ST-ZIP	DELTONA, FL. 32725
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGBORG, KAREN	2.2 NAME	SIMMONS, WILLIAM
STREET ADDRESS	201 MELODIE LN	2.3 STREET ADDRESS	564 CLIFTON ROAD
CITY-ST-ZIP	PIERSON FL	2.4 CITY-ST-ZIP	CRESCENT CITY, FL. 32112
TITLE	T/D <input type="checkbox"/> DELETE	3.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBLER, JOHN SR	3.2 NAME	LONG, MARY
STREET ADDRESS	12 LAKE SHORE DR	3.3 STREET ADDRESS	523 CENTRAL BL.
CITY-ST-ZIP	PIERSON FL	3.4 CITY-ST-ZIP	PIERSON, FL 32180
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, MARY	4.2 NAME	BERRY, BEVERLY
STREET ADDRESS	412 PALM AVE	4.3 STREET ADDRESS	407 PALM AV
CITY-ST-ZIP	PIERSON FL	4.4 CITY-ST-ZIP	PIERSON, FL 32180
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, CARY	5.2 NAME	JONES, ARNIE
STREET ADDRESS	508 CENTRAL BLVD	5.3 STREET ADDRESS	189 RIDGE RD
CITY-ST-ZIP	PIERSON FL	5.4 CITY-ST-ZIP	PIERSON, FL 32180
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALLARD, LYNDA	6.2 NAME	SHERIDAN, DAVID
STREET ADDRESS	421 PALM AVE	6.3 STREET ADDRESS	202 MELODIE LANE
CITY-ST-ZIP	PIERSON FL	6.4 CITY-ST-ZIP	PIERSON, FL, 32180

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)