## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N41570

FILED Mar 21, 2009 Secretary of State

Entity Name: SUNNY SANDS RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
104 RIDG	E RD			
PIERSON	, FL 32180	US		
Current Mailing Address:		New Mailing Address:		
104 RIDG				
PIERSON	, FL 32180	US		
FEI Number	: 59-3054889	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and	Address of New Registered Agent:
	CHARLIE W			
104 RIDG		US		
	,			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing i	its registered office or registered agent, or both,
SIGNATU	RE:			
SIGNATU		nic Signature of Registered Age	ent	Date
	Electro			
OFFICER	Electron S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR
<b>OFFICER</b> Title:	Electron S AND DIREC	TORS:		
OFFICER Title: Name: Address:	Electron  S AND DIRECT  DP ( MARINO, MIKE 207 MELODIE	TORS:  Delete  LN	ADDITION Title: Name: Address:	IS/CHANGES TO OFFICERS AND DIRECTOR
OFFICER Title: Name: Address:	Electron S AND DIRECT DP ( MARINO, MIKE	TORS:  Delete  LN	<b>ADDITION</b> Title: Name:	IS/CHANGES TO OFFICERS AND DIRECTOR
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OFFICER Title: Name: Address: City-St-Zip: Title: Name:	Electron  S AND DIRECT  DP ( MARINO, MIKE 207 MELODIE PIERSON, FL  DV ( KOPSA, KATI	TORS:  Delete  LN 32180  Delete	ADDITION Title: Name: Address: City-St-Zip: Title: Name:	DV (X) Change ( ) Addition  ONE (X) Change ( ) Addition  ONE (X) Change ( ) Addition  GORE, WILLIAM
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES WILLIAM SENIOR DS 03/21/2009