

# 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:**

104 RIDGE RD  
PIERSON, FL 32180 US

**New Principal Place of Business:**

**Current Mailing Address:**

104 RIDGE RD  
PIERSON, FL 32180 US

**New Mailing Address:**

**FEI Number:** 59-3054889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SENIOR, CHARLIE W  
104 RIDGE RD  
PIERSON, FL 32180 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MARINO, MIKE  
Address: 207 MELODIE LN  
City-St-Zip: PIERSON, FL 32180

Title: DV ( ) Delete  
Name: KOPSA, KATI  
Address: 406 PALM AVE  
City-St-Zip: PIERSON, FL 32180

Title: DS ( ) Delete  
Name: SENIOR, CHARLES W  
Address: 104 RIDGE RD  
City-St-Zip: PIERSON, FL 32180

Title: DT ( ) Delete  
Name: TAYLOR, CHARLES  
Address: 524 CENTRAL BLVD  
City-St-Zip: PIERSON, FL 32180

Title: D ( ) Delete  
Name: BROWNE, BOB  
Address: 419 PALM AVE  
City-St-Zip: PIERSON, FL 32180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: GORE, WILLIAM  
Address: 227 MELODIE LN  
City-St-Zip: PIERSON, FL 32180

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WILLSON, VERONICA  
Address: 226 MELODIE LN  
City-St-Zip: PIERSON, FL 32180

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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date