FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:47

DOCUMENT # N48530 (2)

1. Corporation Name
SUNNYDALE MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
309 ASH ST. TAMPA FL 33611 US	309 ASH ST. TAMPA FL 33611 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1992
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-3165373 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HUHN, MARION
309 ASH STREET
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE MARION R. HUH TRES Marion R. Huhn DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☒ Change ☒ Addition
NAME	HUHN, MARION	1.2 NAME		
STREET ADDRESS	309 ASH STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY (ST-ZIP)	33611-1447	
TITLE	VD	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	PELLEGRINO, MARY	2.2 NAME	SEAN ~~MAGGIORE~~ Maggiore	
STREET ADDRESS	119 NYE STREET	2.3 STREET ADDRESS	112 ASH STREET	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA FL 33611-	
TITLE	PD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	VIERA, NORMA	3.2 NAME	ANNA SANDERS	
STREET ADDRESS	208 LANE STREET	3.3 STREET ADDRESS	~~208 LAND COURT~~ 128 Sunny Place	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA FL 33611	
TITLE	ST	4.1 TITLE	ST	☒ Change ☐ Addition
NAME	GRIMSHAW, RUTH	4.2 NAME	VIRGINIA DAVIS	
STREET ADDRESS	202 ASH ST.	4.3 STREET ADDRESS	305 SUNNY PLACE	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA FL 33611	
TITLE	BM	5.1 TITLE	BM	☒ Change ☐ Addition
NAME	GALLO, ROSE	5.2 NAME	MARION E. HALL	
STREET ADDRESS	110 SUNNY PLACE	5.3 STREET ADDRESS	205 BEE STREET	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA FL 33611	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: Marion R. Huhn Trus=MARION R. HUHN 813-831-2228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084068