


FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48530** (2)  
1. Corporation Name  
**SUNNYDALE MOBILE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>309 ASH ST. TAMPA FL 33611 US</b>	Mailing Address <b>309 ASH ST. TAMPA FL 33611 US</b>
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3. Date Incorporated or Qualified <b>04/23/1992</b>	4. FEI Number <b>59-3165373</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>HUHN, MARION 309 ASH STREET TAMPA FL 33611</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 Marion R. Huhn (NOTE: Registered Agent signature required when reinstating) DATE 4-22-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VD
NAME	MCKIFF, LORETTA	1.2 NAME	BARBARA DOUGLAS
STREET ADDRESS	205 ASH ST	1.3 STREET ADDRESS	102 SUNNY PLACE
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA FL 33611
TITLE	VD	2.1 TITLE	VD
NAME	MAGGIORE, JEAN	2.2 NAME	MIKKI LAROFF
STREET ADDRESS	112 ASH STREET	2.3 STREET ADDRESS	125 CAM ST
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA FL 33611
TITLE	PD	3.1 TITLE	PD
NAME	DAVIS, GARY	3.2 NAME	ROBERT CLAPHAM
STREET ADDRESS	319 BEE ST	3.3 STREET ADDRESS	114 ASH STREET
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA FL 33611
TITLE	ST	4.1 TITLE	ST
NAME	DAVIS, VIRGINIA	4.2 NAME	CLAUDE COLE
STREET ADDRESS	305 SUNNY PLACE	4.3 STREET ADDRESS	LAND CRT
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA FL 33611
TITLE	BM	5.1 TITLE	
NAME	YETSKO, SHIRLEY	5.2 NAME	
STREET ADDRESS	306 ASH STREET — CHANGE	5.3 STREET ADDRESS	319 CAM
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	TR	6.1 TITLE	
NAME	MARION HUHN	6.2 NAME	
STREET ADDRESS	309 ASH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611-1447	6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE Marion R. Huhn

CR2E037 (1097)