FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY -5 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48530

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

[redacted] 3/25/99 $61.25

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/23/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3165373 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUHN, MARION 309 ASH STREET TAMPA FL 33611	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 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 3/25/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DOUGLAS, BARBARA 102 SUNNY PLACE TAMPA FL 33611	☑ DELETE	1.1 TITLE ~~VD~~ P.D. 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	BARBARA DOUGLAS 102 SUNNY PLACE TAMPA FL 33611	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAROE, NIKKI 125 CAM ST TAMPA FL 33611	☑ DELETE	2.1 TITLE VP 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	James Honeycutt [redacted] 312 - Box St. Tampa, Fl 33611	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLAPHAM, ROBERT 114 ASH STREET TAMPA FL 33611	☑ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Resigned 12-31-98	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST COLLER, CLAUDINE LAND CRT TAMPA FL 33611	☑ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Deceiced 1998	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM YETSKO, SHIRLEY 319 CAM TAMPA FL	☑ DELETE	5.1 TITLE VP 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	June Skalla ~~Resigned 3-16-99~~ 303 Ash St Tampa Fl 33611	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR HUHN, MARION 309 ASH ST TAMPA FL 33611-1447	☐ DELETE	6.1 TITLE TR 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Still Holding Treasurer + Resident Agent	☐ Change ☐ Addition

Same

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Marion R. Huhn SIGNATURE REQUIRED Treasurer + Resident agent 3/25/98 (813-831-2228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #