SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 24, 2000 8:00 am Secretary of State **DOCUMENT # N48530** 1. Entity Name SUNNYDALE MOBILE HOMEOWNERS ASSOCIATION, INC. 05-24-2000 90025 034 ****61.25 Principal Place of Business Mailing Address 309 ASH ST. 309 ASH ST. TAMPA FL 33611-1447 **TAMPA FL 33611** 3. Mailing Address 2. Principal Place of Business 201 SUNDY 201 SUNNY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For TAMPA FLORIDA 59-3165373 FLORIDA TAMPA Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33611 USA ひらみ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMAS TURNER Street Address (P.O. Box Number is Not Acceptable) **HUHN, MARION** 309 ASH STREET SUNNY **TAMPA FL 33611** Zip Code 33611 TAMPA 8. 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. 2000 TURNER THOMAS SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW:** Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition PD Delete TITLE Change TITLE JOHN BRYAN NAME NAME DOUGLAS, BARBARA ID LAND C STREET ADDRESS STREET ADDRESS 102 SUNNY PLACE TAMPA FL. CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33611** Change ☐ Addition Delete TITLE THOMAS TURNER HONEYPENNY, JAMES NAME 201 SHWY R. NAME STREET ADDRESS STREET ADDRESS 312 BEE ST TAMPH, FL. 33611 CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33611 Change ☐ Addition ٧D٣٠٠ ☑ Delete TITLE LOYD PRATT SHALLA, JUNE NAME NAME 202 ASH ST. STREET ADDRESS STREET ADDRESS 303 ASH STREET TAMPH, R. 3341 CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33611** Delete Change ☐ Addition TITLE TITLE MACLENE BRYAN NAME NAME **HUHN, MARION** 110 CAND CT. STREET ADDRESS STREET ADDRESS 309 ASH ST. TAMPA F. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33611 Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #