

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90014 019 \*\*\*\*61.25

DOCUMENT # N96000002282

1. Entity Name

SUNNYSIDE BEACH LAKE DWELLER ESTATES, INC.



Principal Place of Business

126 S. BLUE POND TRAIL  
HAWTHORNE FL 32640

Mailing Address

126 S. BLUE POND TR.  
HAWTHORNE FL 32640  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3308662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS, JAMES E  
204 SUNNYSIDE DR  
HAWTHORNE FL 32640

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete  
NAME ROSS, JAMES E  
STREET ADDRESS 204 SUNNYSIDE DR  
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME FOLEY, JR., WILLIAM F  
STREET ADDRESS 4987 VERDIS ST  
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE ☒ Change ☐ Addition  
NAME ETHERTON, CHRIS  
STREET ADDRESS 106 SUNNYSIDE DR.  
CITY-ST-ZIP HAWTHORNE, FL 32640

TITLE DST ☐ Delete  
NAME SHULTZ, JEANNINE  
STREET ADDRESS 126 S. BLUE POND TR.  
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME BATTILLO, JOSEPH V  
STREET ADDRESS 214 SUNNY SIDE DR  
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE ☒ Change ☐ Addition  
NAME MODELL, JEROME H  
STREET ADDRESS 122 BENTLEY DR.  
CITY-ST-ZIP HAWTHORNE, FL 32640

TITLE D ☐ Delete  
NAME FOLEY, WILLIAM F SR.  
STREET ADDRESS 142 SUNNYSIDE DR  
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE:

*Jeannine Shultz* JEANNINE SHULTZ 2-27-06 352-481-4016