

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90047 021 ****61.25

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1. Entity Name

SUNNYSIDE BEACH LAKE DWELLER ESTATES, INC.



Principal Place of Business

Mailing Address

126 S. BLUE POND TRAIL
HAWTHORNE FL 32640

126 S. BLUE POND TR.
HAWTHORNE FL 32640
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

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)

203 SUNNYSIDE DR.

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, 2007

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: 203 SUNNYSIDE DR
CITY-ST-ZIP:

TITLE: VP ☐ Delete
NAME: ETHELTON, CHRIS
STREET ADDRESS: 106 SUNNYSIDE DR
CITY-ST-ZIP: HAWTHORNE FL 32640

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

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: MODELL, JEROME H
STREET ADDRESS: 122 BENTLEY DR
CITY-ST-ZIP: HAWTHORNE FL 32640

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

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

TITLE: D ☒ Change ☐ Addition
NAME: BRAUN, GEORGE
STREET ADDRESS: 118 BENTLEY DR.
CITY-ST-ZIP: HAWTHORNE FL 32640

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 1-30-07 (352) 481-4016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #