

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

ROSS, JAMES E
203 SUNNYSIDE DR
HAWTHORNE FL 32640

7. Name and Address of New Registered Agent

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 reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
MODELL, JEROME H
122 BENTLEY DR
HAWTHORNE FL 32640 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
BRAUN, GEORGE
118 BENTLEY DR
HAWTHORNE FL 32640 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
U00000836350
03/04/08-80013-009 61.25

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

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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 2-19-08 352-481-4016**