

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002282

FILED
Jan 06, 2009
Secretary of State

Entity Name: SUNNYSIDE BEACH LAKE DWELLER ESTATES, INC.

Current Principal Place of Business:

126 S. BLUE POND TRAIL
HAWTHORNE, FL 32640

New Principal Place of Business:

Current Mailing Address:

126 S. BLUE POND TR.
HAWTHORNE, FL 32640 US

New Mailing Address:

126 S. BLUE POND TRAIL
HAWTHORNE, FL 32640

FEI Number: 59-3308662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, JAMES E
203 SUNNYSIDE DR
HAWTHORNE, FL 32640 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROSS, JAMES E
Address: 203 SUNNYSIDE DR
City-St-Zip: HAWTHORNE, FL 32640

Title: VP () Delete
Name: ETHELTON, CHRIS
Address: 106 SUNNYSIDE DR
City-St-Zip: HAWTHORNE, FL 32640

Title: DST () Delete
Name: SHULTZ, JEANNINE
Address: 126 S. BLUE POND TR.
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: MODELL, JEROME H
Address: 122 BENTLEY DR
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: BRAUN, GEORGE
Address: 118 BENTLEY DR
City-St-Zip: HAWTHORNE, FL 32640

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HOPE, FOREST
Address: 206 SUNNYSIDE DR.
City-St-Zip: HAWTHORNE, FL 32640

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ETHELTON, CHRIS
Address: 106 SUNNYSIDE DR.
City-St-Zip: HAWTHORNE, FL 32640

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNINE SHULTZ

DST

01/06/2009

Electronic Signature of Signing Officer or Director

Date