

2008 | CORPORATION ANNUAL REPORT

DOCUMENT# P08000111182

FILED
Apr 15, 2008
Secretary of State**Entity Name:** SUNNY RIDGE RETIREMENT AND ASSISTED LIVING FACILITY, INC.**Current Principal Place of Business:**1713 WEST EUCLID
DELAND, FL 32720**New Principal Place of Business:****Current Mailing Address:**1713 WEST EUCLID
DELAND, FL 32720**New Mailing Address:****FEI Number:** 26-0213173**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PD () Delete
Name: OCAMPO, MARIQUITA
Address: 1713 WEST EUCLID
City-St-Zip: DELAND, FL 32720

Title: PD () Delete
Name: OCAMPO, SHERMAN T
Address: 1713 WEST EUCLID
City-St-Zip: DELAND, FL 32720

Title: S () Delete
Name: OCAMPO, MARILOU
Address: 1713 WEST EUCLID
City-St-Zip: DELAND, FL 32720

Title: T () Delete
Name: OCAMPO, RODRIGO
Address: 1713 WEST EUCLID
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: OCAMPO, MARIQUITA
Address: 10330 WILLOW RIDGE LOOP
City-St-Zip: ORLANDO, FL 32825

Title: VP (X) Change () Addition
Name: OCAMPO, SHERMAN T
Address: 10330 WILLOW RIDGE LOOP
City-St-Zip: ORLANDO, FL 32825

Title: S (X) Change () Addition
Name: OCAMPO, MARILOU
Address: 10330 WILLOW RIDGE LOOP
City-St-Zip: ORLANDO, FL 32825

Title: T (X) Change () Addition
Name: OCAMPO, RODRIGO
Address: 10330 WILLOW RIDGE LOOP
City-St-Zip: ORLANDO, FL 32825

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: SHERMAN THOMAS OCAMPO

VP

04/15/2008

Electronic Signature of Signing Officer or Director

Date