

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2006 90126 037 \*\*\*150.00

**DOCUMENT # P93000037149**

1. Entity Name  
**SUNNYSIDE LAND MANAGEMENT, INC.**



Principal Place of Business  
**3611 LAKE DRAWDY DRIVE  
ORLANDO, FL 32820**

Mailing Address  
**3611 LAKE DRAWDY DRIVE  
ORLANDO, FL 32820**



2. Principal Place of Business  
**400 W. Morse Blvd.  
Suite 230**

3. Mailing Address  
**P.O. Box 3350  
Suite, Apt. #, etc.**

04072006 Chg-P CR2E034 (11/05)

City & State  
**Winter Park, FL**  
Zip  
**32789** Country  
**US**

City & State  
**Winter Park, FL**  
Zip  
**32780** Country  
**US**

4. FEI Number  
**59-3244497** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MINEGAR, CRAIG A  
250 PARK AVENUE NORTH  
5TH FLOOR  
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name  
**W+WW, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**390 N. ORANGE AVE., SUITE 1500**  
City  
**ORLANDO** FL Zip Code  
**32801**

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 **By: [Signature]** **DEBBIE FRICKE, VP** 4/10/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LAMAR, MARY R  
3611 LAKE DRAWDY DRIVE  
ORLANDO, FL 32820** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPTD  
CAMACHO, LAURIE L  
1351 CROWN ISLE CIRCLE  
APOPKA, FL 32712** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
HARMESON, LESLIE L  
3611 LAKE DRAWDY DRIVE  
ORLANDO, FL 32820** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3611 Lake Drawdy Dr.  
Orlando, FL 32820** ☒ Change ☐ Addition

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: **X [Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X 4/12/06**  
Date

**X 407-644-9416**  
Daytime Phone #