

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002498

**Entity Name:** SUNNYSIDE MOBILE HOME OWNERS ASSOCIATION, INC.

**FILED**  
**Mar 02, 2021**  
**Secretary of State**  
**6332493897CC**

**Current Principal Place of Business:**

5035 DAISY STREET SOUTH  
ZEPHYRHILLS, FL 33541

**Current Mailing Address:**

5035 FISHER ST.  
ZEPHYRHILLS, FL 33541 US

**FEI Number: 59-2368060**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GREENE, CAROL W  
5035 FISHER ST.  
ZEPHYRHILLS, FL 33541 US

*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:** CAROL W. GREENE

03/02/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PHELPS, JERRY  
Address        5126 PENINSULA ST  
City-State-Zip: ZEPHYRHILLS FL 33541

Title            TREASURER  
Name            GREENE, CAROL W.  
Address        5035 FISHER ST.  
City-State-Zip: ZEPHYRHILLS FL 33541

Title            OFFICER  
Name            VELASQUEZ, MIRNA  
Address        5119 MOON ST.  
City-State-Zip: ZEPHYRHILLS FL 33541

Title            SECRETARY  
Name            KELLER, RENAE  
Address        5151 FLOWER STREET  
City-State-Zip: ZEPHYRHILLS FL 33541

Title            OFFICER  
Name            PHELPS, ANGIE  
Address        5126 PENINSULA ST  
City-State-Zip: ZEPHYRHILLS FL 33541

Title            OFFICER  
Name            RHEA, REX  
Address        5142 PENINSULA  
City-State-Zip: ZEPHYRHILLS FL 33541

Title            DIRECTOR  
Name            BENSON, LIZ  
Address        5104 DAISY STREET  
City-State-Zip: ZEPHYRHILLS FL 33541

Title            VP  
Name            NELSON, ROBERT  
Address        5137 PENINSULA  
City-State-Zip: ZEPHYRHILLS FL 33541

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*I hereby 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 all other like empowered.*

**SIGNATURE:** CAROL GREENE

**TREASURER**

03/02/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name RHEA, RACHEL  
Address 5142 PENINSULA ST  
City-State-Zip: ZEPHYRHILLS FL 33541