

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007740

FILED
Jul 19, 2011
Secretary of State

Entity Name: SOUTHERN COMFORT MHP HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

24479 US HWY 19 N
#301
CLEARWATER, FL 33763

New Principal Place of Business:

Current Mailing Address:

24479 US HWY 19 N
#301
CLEARWATER, FL 33763

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHRISTINE L. ALLAMANNO
641 FIRST STREET SOUTH
ST PETERSBURG, FL 33701 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: P, D
Name: CONSTABLE, SUE
Address: 24479 US HWY 19 N #301
City-St-Zip: CLEARWATER, FL 33763

Title: P, D
Name: CEASER, EUGENIA
Address: 24479 US HWY 19 N LOT #1106
City-St-Zip: CLEARWATER, FL 33763

Title: S, D
Name: FULFORD, GRACE
Address: 24479 US HWY 19 N #222
City-St-Zip: CLEARWATER, FL 33763

Title: T, D
Name: FULFORD, JEFF
Address: 24479 US HWY 19 N #124
City-St-Zip: CLEARWATER, FL 33763

Title: D/D
Name: FREDRICK/ PEREZ, POOT/ VICTOR
Address: 24479 US HWY 19 N #301
City-St-Zip: CLEARWATER, FL 33763

Title: D
Name: ALUMANA, JOSEPHINA
Address: 24479 US HWY 19 N #301
City-St-Zip: CLEARWATER, FL 33763

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: GRACE FULFORD

S

07/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date