

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 562128

**Entity Name:** SUNFIELD HOMES, INC.**Current Principal Place of Business:**9040 TRYFON BLVD  
A104  
TRINITY, FL 34655**Current Mailing Address:**9040 TRYFON BLVD  
A104  
TRINITY, FL 34655 US**FEI Number:** 59-1820403**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VITALE, JULIE  
9040 TRYFON BLVD  
A104  
TRINITY, FL 34655 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	BUCK, PATRICIA O
Address	9040 TRYFON BLVD A104
City-State-Zip:	TRINITY FL 34655

Title	VP
Name	ORSI, DEBORAH E
Address	9040 TRYFON BLVD A104
City-State-Zip:	TRINITY FL 34655

Title	VP
Name	VITALE, JULIE
Address	9040 TRYFON BLVD A104
City-State-Zip:	TRINITY FL 34655

Title	VP, S, TREASURER
Name	ORSI, JENNIFER
Address	9040 TRYFON BLVD A104
City-State-Zip:	TRINITY FL 34655

Title	VP
Name	BERRY, MICHELLE
Address	9040 TRYFON BLVD A104
City-State-Zip:	TRINITY FL 34655

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JULIE VITALE

VP

01/17/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date