

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 416079

1. Entity Name -
SUNNY GROVE MOBILE HOME PARK INC



Principal Place of Business
**2463 GULF TO BAY
CLEARWATER, FL 34625**

Mailing Address
**2463 GULF TO BAY
CLEARWATER, FL 34625**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1435543

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STRUCHEN, AUDREY
7924 TENTH AVENUE SOUTH
ST. PETERSBURG, FL 33707**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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	D
NAME	HINK, JEAN MARIE
STREET ADDRESS	SUGARFOOT LANE
CITY-ST-ZIP	TRILBY, FL
TITLE	D
NAME	STRUCHEN, FRANK E.
STREET ADDRESS	7924 TENTH AVENUE SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	PD
NAME	STRUCHEN, AUDREY W.
STREET ADDRESS	7924 TENTH AVENUE SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	D
NAME	STRUCHEN, ROBERT
STREET ADDRESS	7924 TENTH AVE S
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/19/06-80031-014 150.00

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IN THIS SPACE**

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: Robert E. Struchen Treasurer

727-799-0517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #