2-13-95 B4438-6C

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:16

DOCUMENT # 752935 (7)

1. Corporation Name
SUNSHINE MOBILE VILLAGE RESIDENTS ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
13670 NIGHTBIRD DRIVE FT MYERS FL 33908	13670 NIGHTBIRD DRIVE FT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1980
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2008020 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	
21 13691 Warbler Dr.	26 13691 Warbler Dr	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22 Ft. Myers, Fl	27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State	City & State	
23	28 Ft. Myers, Fl.	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
Zip 24 33908 Country 25 Lee	Zip 29 33908 Country 30 Lee	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MILLER, WILLIAM E
13640 GRACKLE DR
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name: Glenn Snyder
82 Street Address (P.O. Box Number is Not Acceptable)
83 13691 Warbler Dr.
84 City: Ft. Myers FL 85 Zip Code: 33908

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Glenn F. Snyder Glenn F. Snyder 2-6-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	MARION, CATHERINE A	1.2 NAME	Shelton, Anne	
STREET ADDRESS	13700 CATBIRD DR	1.3 STREET ADDRESS	13661 Sora	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	Ft. Myers, Fl 33908	
TITLE	TD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	LE MAY, LOUISE B.	2.2 NAME	Cook, June	
STREET ADDRESS	13670 NIGHTBIRD DRIVE	2.3 STREET ADDRESS	13660 Shoveler	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	Ft. Myers, Fl 33908	
TITLE	PD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	MILLER, WILLIAM E	3.2 NAME	Glenn Snyder	
STREET ADDRESS	13640 GRACKLE DR	3.3 STREET ADDRESS	13691 Warbler	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	Ft. Myers, Fl 33908	
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	STEVENS, GERALD T	4.2 NAME	Walsh, Walter	
STREET ADDRESS	13641 OSPREY DR	4.3 STREET ADDRESS	13610 Gannet	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	Ft. Myers, Fl 33908	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Glenn F. Snyder Glenn F. Snyder 2-6-95 813-454-3273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050520