

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 752935**

1. Corporation Name

**SUNSHINE MOBILE VILLAGE RESIDENTS ASSOCIATION, I  
NC.**

Principal Place of Business

13691 WARBLER DR  
FT MYERS FL 33908  
US

Mailing Address

13691 WARBLER DR  
FT MYERS FL 33908  
US

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90001 019 \*\*\*\*61.25

0059982



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/13/1980

4. FEI Number

59-2008020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SNYDER, GLENN  
13691 WARBLER DR  
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Glenn F. Snyder*  
Signature, typed or printed name of registered agent and title if applicable.

*Glenn F. Snyder President 1/5/99*  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☒ DELETE  
NAME RICHARD, MARY  
STREET ADDRESS 13660 OVENBIRD DR  
CITY-ST-ZIP FT MYERS FL 33908

TITLE TD ☐ DELETE  
NAME LEMAY, LOUISE  
STREET ADDRESS 13670 NIGHTBIRD  
CITY-ST-ZIP FT MYERS FL 33908

TITLE PD ☐ DELETE  
NAME SNYDER, GLENN  
STREET ADDRESS 13691 WARBLER DR.  
CITY-ST-ZIP FT MYERS FL 33908

TITLE VD ☒ DELETE  
NAME HINES, JAMES  
STREET ADDRESS 13611 NIGHTBIRD DR  
CITY-ST-ZIP FT MYERS FL 33908

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD ☒ Change ☐ Addition  
1.2 NAME Baretz, Judy  
1.3 STREET ADDRESS 13660 Knot  
1.4 CITY-ST-ZIP Ft. Myers, FL 33908

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE VD ☒ Change ☐ Addition  
4.2 NAME Bouton, Donald  
4.3 STREET ADDRESS 13630 Sora  
4.4 CITY-ST-ZIP Ft. Myers, FL 33908

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Glenn F. Snyder* SIGNATURE: *Glenn F. Snyder* President 1/5/99 941-454-3273  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)