

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90031 039 ****61.25

DOCUMENT # 752935

1. Entity Name

**SUNSHINE MOBILE VILLAGE RESIDENTS
ASSOCIATION, INC.**



Principal Place of Business

13671 SHOVELER DR
FT MYERS FL 33908
US

Mailing Address

13650 SHOVELER DR.
FT MYERS FL 33908
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2008020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANSEL, SARAH
13710 GRACKLE DR.
FORT MYERS FL 33908

Name

~~LAUER~~ PATRICIA

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

13651 PINTAIL DR.

City

FORT MYERS

FL

Zip Code

33908

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

Patricia A Lauer

PATRICIA A LAUER PD

2-4-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME BAVETZ, JUDY
STREET ADDRESS 13660 KNOT
CITY-ST-ZIP FT MYERS FL 33908

TITLE TD ☐ Delete
NAME RYDER, WALTER
STREET ADDRESS 13650 SHOVELER DR
CITY-ST-ZIP FT MYERS FL 33908

TITLE PD ☒ Delete
NAME HANSEL, SARAH
STREET ADDRESS 13710 GRACKLE DR.
CITY-ST-ZIP FORT MYERS FL 33908

TITLE VD ☒ Delete
NAME LAUER, PATRICIA
STREET ADDRESS 13651 PINTAIL DR.
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
NAME LAUER, PATRICIA
STREET ADDRESS 13651 PINTAIL DR.
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE VD ☒ Change ☐ Addition
NAME SCHWARTZKOPF, JANE
STREET ADDRESS 13630 PINTAIL DR.
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 617, 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:

Walter F. Ryder

WALTER F. RYDER, TD 2/6/04 (239) 433-9220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #