

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90401 032 ****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

13701 SHOVELER DR.
Suite, Apt. #, etc.

3. Mailing Address

13701 SHOVELER DR.
Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

FT. MYERS FL

City & State

FT. MYERS FL

4. FEI Number

59-2008020

Applied For

Not Applicable

Zip

33908

Country

US

Zip

33908

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAUER, PATRICIA
13651 PINTAIL DR.
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name

HERNANDEZ, RONNIE

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

13610 OVENBIRD DR.

City

FT. 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

Ronnie J. Hernandez RD.

3/25/06

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, 2006

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	<input checked="" type="checkbox"/> Delete
NAME	BAVETZ, JUDY	
STREET ADDRESS	15057 CLOVERDALE DR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RYDER, WALTER	
STREET ADDRESS	13650 SHOVELER DR	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LAUER, PATRICIA	
STREET ADDRESS	13651 PINTAIL DR	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZKOFF, JANE	
STREET ADDRESS	13630 PINTAIL DR	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCH, SHARON	
STREET ADDRESS	13671 SORA DR	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, RONNIE	
STREET ADDRESS	13610 OVENBIRD DR.	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPPLER, RAEURN	
STREET ADDRESS	13630 OVENBIRD DR	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 03/25/06 (239) 433-9220