

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90155 027 ****61.25

DOCUMENT # 752935

1. Entity Name
**SUNSHINE MOBILE VILLAGE RESIDENTS
ASSOCIATION, INC.**



Principal Place of Business

**13701 SHOVELER DR
FT MYERS, FL 33908 US**

Mailing Address

**13701 SHOVELER DR
FT MYERS, FL 33908 US**

DO NOT WRITE IN THIS SPACE



01252008 No Chg-NP

CR2E037 (4/06)

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

**HERNANDEZ, RONNIE
13610 OVEN BIRD DR
FORT MYERS, FL 33908**

**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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
HATCH, SHARON
13671 SORA DR
FORT MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
HERNANDEZ, RONNIE
13610 OVENBIRD DR
FORT MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
PEPPLER, RAEBURN
13630 OVENBIRD DR
FORT MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
RICHARD, MARY L
13660 OVENBIRD DRIVE
FORT MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #