2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752935

FILED Jul 01, 2009 Secretary of State

Entity Name: SUNSHINE MOBILE VILLAGE RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

13701 SHOVELER DR FT MYERS, FL 33908

US

Current Mailing Address: New Mailing Address:

 13701 SHOVELER DR
 128 SW 54TH. TERRACE

 FT MYERS, FL 33908 US
 CAPE CORAL, FL 33914 US

FEI Number: 59-2008020 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HERNANDEZ, RONNIE FREAD, JERALD L CPA
13610 OVEN BIRD DR 128 SW 54TH. TRERRACE
FORT MYERS, FL 33908 US CAPE CORAL, FL 33914 US

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.

SIGNATURE: JERALD FREAD 07/01/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: SD () Delete Title: SD (X) Change () Addition

 Name:
 HATCH, SHARON
 Name:
 BOWLING, KAY SEC

 Address:
 13671 SORA DR
 Address:
 13650 CATBIRD DRIVE

 City-St-Zip:
 FORT MYERS, FL 33908
 City-St-Zip:
 FORT MYERS, FL 33908

Title: PD () Delete Title: () Change () Addition

 Name:
 HERNANDEZ, RONNIE
 Name:

 Address:
 13610 OVENBIRD DR
 Address:

 City-St-Zip:
 FORT MYERS, FL 33908
 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition Name: PEPPLER, RAEBURN Name: LEASTER, NEIL VICE PR

 Address:
 13630 OVENBIRD DR
 Address:
 13671 OSPREY DRIVE

 City-St-Zip:
 FORT MYERS, FL 33908
 City-St-Zip:
 FORT MYERS, FL 33908

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 RICHARD, MARY L
 Name:
 ALLISON, LINDA TREAS.

 Address:
 13660 OVENBIRD DRIVE
 Address:
 13651 CRACKLE DRIVE

 City-St-Zip:
 FORT MYERS, FL 33908
 City-St-Zip:
 FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONNIE HERNANDEZ PRES 07/01/2009