

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90232 023 ****61.25

DOCUMENT # 752935

1. Entity Name
**SUNSHINE MOBILE VILLAGE RESIDENTS ASSOCIATION, I
NC.**



Principal Place of Business

**13671 SHOVELER DR
FT MYERS FL 33908
US**

Mailing Address

**13660 OVENBIRD DR
FT MYERS FL 33908
US**

2. Principal Place of Business

3. Mailing Address

13650 SHOVELER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT MYERS, FL

4. FEI Number **59-2008020**

Applied For
Not Applicable

Zip

Country

Zip

Country

33908

US

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

**RICHARD, JOHN
13660 OVENBIRD DR
FORT MYERS FL 33908**

Name

HANSEL, SARAH

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

13710 GRACKLE 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 **SARAH E. HANSEL**
Signature, typed or printed name of registered agent and title if applicable.

Sarah E. Hansel
(NOTE: Registered Agent signature required when reinstating)

Jan 8, 03
DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **BAVETZ, JUDY**
STREET ADDRESS **13680 KNOT**
CITY-ST-ZIP **FT MYERS FL 33908**

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

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

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

TITLE **PD** ☒ Delete
NAME **RICHARD, JOHN**
STREET ADDRESS **13660 OVENBIRD DR**
CITY-ST-ZIP **FT MYERS FL 33908**

TITLE **PD** ☒ Change ☐ Addition
NAME **HANSEL, SARAH**
STREET ADDRESS **13710 GRACKLE DR.**
CITY-ST-ZIP **FT MYERS, FL 33908**

TITLE **VD** ☒ Delete
NAME **HANSEL, SARAH**
STREET ADDRESS **13671 NIGHTBIRD DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33908**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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** **1/24/03 (239) 433-9220**

CR2E037 (10/02)