

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # 758299

1. Entity Name
SUN AIR NORTH RV ASSOCIATION INC.



Principal Place of Business
**4 PINE LANE
HAINES CITY, FL 33844 US**

Mailing Address
**4 PINE LANE
HAINES CITY, FL 33844 US**



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2444636

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REED, KAY M
4 PINE LANE
HAINES CITY, FL 33844**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME LYNN, KEN
STREET ADDRESS 57 FAIRVIEW DRIVE S.
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE V
NAME JOHNSON, MARVIN
STREET ADDRESS 50 FAIRVIEW DRIVE N.
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE S/T
NAME REED, KAY
STREET ADDRESS 4 PINE LANE
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE D
NAME FINK, KATHLEEN
STREET ADDRESS 69 FAIRVIEW DR S.
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE D
NAME SILLYMAN, KYLE
STREET ADDRESS 86 IRON LANE
CITY-ST-ZIP HAINES CITY, FL 32844

TITLE D
NAME HARRELL, MARY
STREET ADDRESS 68 FAIRVIEW DR S.
CITY-ST-ZIP HAINES CITY, FL 33844

U00000393104
01/25/06-80007-016 61.25
**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: Kay M. Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-06 863-438
0118

Kay M. Reed