2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 11, 2007 8:00 am Secretary of State **DOCUMENT #758299** 04-11-2007 90026 045 ****61.25 SUN AIR NORTH RV ASSOCIATION INC. Principal Place of Business Mailing Address **4 PINE LANE** 4 PINE LANE HAINES CITY, FL 33844 HAINES CITY, FL 33844 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072007 Chq-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 54-2444636 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REED, KAY M Street Address (P.O. Box Number is Not Acceptable) **4 PINE LANE** HAINES CITY, FL 33844 Zip Code City 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) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Р XXDelete TITLE ☐ Change Addition NAME LYNN, KEN NAME Campbell, Norma STREET ADDRESS 57 FAIRVIEW DRIVE S. STREET ADDRESS 2 Fairview Dr N CITY-ST-ZIP HAINES CITY, FL 33844 CITY-ST-7IP Haines City, FL 33844 TITLE ☐ Delete me *Change ☐ Addition JOHNSON, MARVIN NAME NAME STREET ADDRESS 50 FAIRVIEW DRIVE N. STREET ADDRESS CITY-ST-ZIP HAINES CITY, FL 33844 CITY-ST-ZIP S/T TITLE ☐ Delete TITLE *Change ☐ Addition T NAME REED, KAY NAME STREET ADDRESS **4 PINE LANE** STREET ADDRESS CITY-ST-ZIP HAINES CITY, FL 33844 CITY-SY-7IP TITLE Delete TITLE Change Addition NAME FINK, KATHLEEN NAME Spencer, Marty STREET ADDRESS 69 FAIRVIEW DR S. STREET ADDRESS 61 Fairview Dr S CITY-ST-ZIP HAINES CITY, FL 33844 CITY-ST-7IP <u>Haines City. FL 33844</u> TITLE XXDelete TITLE ☐ Change Addition SILLYMAN, KYLE NAME NAME Reed, Beverly STREET ADDRESS **86 IRON LANE** STREET ADDRESS 92 Iron Lane CITY-ST-ZIP HAINES CITY, FL 32844 CITY-ST-7IP Haines City, FL. 33844 Delete TITLE D TITLE XX Change ☐ Addition HARRELL, MARY NAME NAME STREET ADDRESS 68 FAIRVIEW DR S. STREET ADDRESS HAINES CITY, FL 33844 CITY-ST-ZIP CITY-ST-ZIP 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.

FILED