


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90026 030 \*\*\*\*61.25

<b>DOCUMENT # 758299</b> 1. Entity Name <b>SUN AIR NORTH RV ASSOCIATION INC.</b>					
Principal Place of Business <b>4 PINE LANE HAINES CITY, FL 33844 US</b>			Mailing Address <b>4 PINE LANE HAINES CITY, FL 33844 US</b>		
2. Principal Place of Business - No P.O. Box # <b>Fairview Drive So.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Haines City</b>		City & State		4. FEI Number <b>54-2444636</b>	
Zip <b>33844</b>		Country <b>POK</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REED, KAY M 4 PINE LANE HAINES CITY, FL 33844</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CAMPBELL, NORMA 2 FAIRVIEW DR N HAINES CITY, FL 33844</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JOHNSON, MARVIN 50 FAIRVIEW DRIVE N. HAINES CITY, FL 33844</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Johnson Marvin 50 Fairview Dr N Haines City FL 33844</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T REED, KAY 4 PINE LANE HAINES CITY, FL 33844</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Edwards Thelma 36 Fairview Dr No Haines City, FL 33844</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FINK, KATHLEEN 69 FAIRVIEW DR S. HAINES CITY, FL 33844</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Smith Russell 65 Fairview Dr S Haines Cit, FL 33844</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SPENCER, MARTY 61 FAIRVIEW DR S HAINES CITY, FL 33844</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Reed, Beverly 92 Iron Lane Haines City, FL 33844</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HARRELL, MARY 68 FAIRVIEW DR S. HAINES CITY, FL 33844</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Harrell Mary 10 Fairview Dr N Haines City, FL 33844</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <u>Kay M. Reed</u> <u>Kay M. Reed</u> <u>2-9-08</u> <u>863.438-0118</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					