2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT #758299 1. Entity Name SUN AIR NORTH RV ASSOCIATION INC.						02-14-2008	3 90026 0	30 ****6:	1.25
Principal Place of Business 4 PINE LANE 4 PINE LANE HAINES CITY, FL 33844 US HAINES CITY, FL 33844 US				I CORRECT CORRECT	ation (Bill (Bill) (Bill)	***		111EL E1 1891	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Fai't View Drive So.									
Suite, Apt. #, etc. Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·		02072008 Chg-NP CR2E037 (12/06)				
Fity & State Haines City City & State			······			636		 	oplied For ot Applicable
33544 POIR		Zip				of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current I	Registered Agent		<u> </u>	7. Name and /	Address of New F	Registered A	Agent	
REED, KAY M 4 PINE LANE			Name Street Address (P.O. Box Number is Not Acceptable)						
HAINES C	ITY, FL 33844			<u> </u>			· · · · · · · · · · · · · · · · · · ·		
				City			FL	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
SIGNATURE.		and title if applicable. (NOT)	: Rogistere	d Agent eignature r	required when reinstating)		DATE		······································
	Signature, typed or printed neme of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	9. Election Car Trust Fund (npaign F	inancing	\$5.00 May Be	, ,	DATE flake check rida Depart		
10.	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Car Trust Fund C	npaign F Contributi	Financing lion.	\$5.00 May Be Added to Fees	, ,	lake check rida Depart	tment of SI	late
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12. I nereby certify that the information supplied with this filling 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:

SIGNATURE NEW TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reed

2-9-08

863.438-0118

Daytime Phone #