2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# 758299

Entity Name: SUN AIR NORTH RV ASSOCIATION INC.

Current Principal Place of Business:

FAIRVIEW DRIVE SO
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

4 PINE LANE
HAINES CITY, FL 33844 US

New Mailing Address:

FEI Number: 54-2444636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	CAMPBELL, NORMA	
Address:	2 FAIRVIEW DR N	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	V	( ) Delete
Name:	JOHNSON, MARVIN	
Address:	50 FAIRVIEW DRIVE N.	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	T	( ) Delete
Name:	REED, KAY	
Address:	4 PINE LANE	
City-St-Zip:	HAINES CITY, FL 33844 US	
Title:	D	( ) Delete
Name:	SMITH, RUSSELL	
Address:	65 FAIRVIEW DR S	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	D	( ) Delete
Name:	REED, BEVERLY	
Address:	92 IRON LAKE	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	D	( ) Delete
Name:	HARRELL, MARY	
Address:	10 FAIRVIEW DR N	
City-St-Zip:	HAINES CITY, FL 33844	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	HARRELL, MARY	
Address:	10 FAIRVIEW DR N	
City-St-Zip:	HAINES CITY, FL 33844	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY HARRELL P 01/08/2009

Electronic Signature of Signing Officer or Director — Date