

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90048 004 ***150.00

DOCUMENT # H66948

1. Entity Name
SUNI SANDS MOBILE HOME OWNERS, INC.



Principal Place of Business
**961 NORTH A1A SUITE 216
JUPITER, FL 33477 US**

Mailing Address
**961 NORTH A1A SUITE 216
JUPITER, FL 33477 US**

00002047



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02162005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-2566601

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**-BUCHANAN, BARBARA
961 N A-1-A
SUITE 201
JUPITER, FL 33477**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD BUCHANAN, BARBARA**
STREET ADDRESS **961 N A-1-A SUITE 201**
CITY-STATE-ZIP **JUPITER, FL 33477**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME **TD LESOINE, BARBARA**
STREET ADDRESS **961 NORTH A1A, #125**
CITY-STATE-ZIP **JUPITER, FL 33477**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☒ Delete
NAME **VD PUREL, TIMOTHY**
STREET ADDRESS **961 N A1A #177**
CITY-STATE-ZIP **JUPITER, FL 33477**

TITLE ☒ Change ☐ Addition
NAME **VD PFEFFERKORN, GERHARD**
STREET ADDRESS **961 N A1A #218**
CITY-STATE-ZIP **JUPITER, FL 33477**

TITLE ☒ Delete
NAME **RSD PFEFFERKORN, GERHARD**
STREET ADDRESS **961 N A-1-A, #218**
CITY-STATE-ZIP **JUPITER, FL 33477**

TITLE ☒ Change ☐ Addition
NAME **RSD PFEFFERKORN, GERHARD**
STREET ADDRESS **961 N A1A #218**
CITY-STATE-ZIP **JUPITER, FL 33477**

TITLE ☐ Delete
NAME **SD COBLENTZ, ELAINE**
STREET ADDRESS **961 N A1A STE 119**
CITY-STATE-ZIP **JUPITER, FL 33477**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: Barbara Buchanan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA BUCHANAN

3/28/05 561-7472264
Date Daytime Phone #