2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 MAR -5 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H66948

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

66001572

Principal Place of Business	Mailing Address
961 NORTH A1A SUITE 216 JUPITER, FL 33477 US	961 NORTH A1A SUITE 406 JUPITER, FL 33477 US

02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

LESOINE, BARBARA
961 NORTH HIGHWAY A1A
#406
JUPITER, FL 33477

DO NOT WRITE IN THIS SPACE

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.

600120097386
03/12/08--01026--002 **150.00

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	LESOINE, BARBARA
STREET ADDRESS	961 NORTH HIGHWAY A1A #406
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	TD
NAME	SHAFFER, LORI
STREET ADDRESS	961 N. HIGHWAY A1A #313
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	RS
NAME	PFEFFERCORN, GERHARD
STREET ADDRESS	961 N. HIGHWAY A1A #340
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	SD
NAME	BUCHANAN, BARBARA
STREET ADDRESS	961 N. HWY A1A #397
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	VP
NAME	SMITH, DORIS
STREET ADDRESS	961 N A1A
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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 Lesoine Pres. SSI MD Feb. 15, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3179D