

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90020 018 \*\*\*150.00

DOCUMENT # **H83631**

1. Entity Name

**SUN COUNTRY MOBILE  
HOME OWNERS ASSN INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No. & O. Box #

**794 E. KLOSTERMAN RD #114**

Suite, Apt. #, etc.

3. Mailing Address

**794 E. KLOSTERMAN RD #114**

Suite, Apt. #, etc.

**40069759**

CR2E034B (5/07)

City & State

**TARPON SPRINGS FL**

City & State

**TARPON SPRINGS FL**

4. FEI Number

**59-2600409**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**William Johnson**

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

**794 E. KLOSTERMAN RD**

City

**TARPON SPRINGS FL**

Zip Code

**34689**

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended AR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>President</b>
NAME	<b>Joseph Ribbenede Jr #108</b>
STREET ADDRESS	<b>794 E. KLOSTERMAN RD</b>
CITY-ST-ZIP	<b>TARPON SPRINGS, FL 34689</b>
TITLE	<b>V. Pres</b>
NAME	<b>Wm. STEINBURG #84</b>
STREET ADDRESS	<b>794 E. KLOSTERMAN RD</b>
CITY-ST-ZIP	<b>TARPON SPRINGS, FL 34689</b>
TITLE	<b>S. Michael</b>
NAME	<b>KEEF #89</b>
STREET ADDRESS	<b>794 E. KLOSTERMAN RD</b>
CITY-ST-ZIP	<b>TARPON SPRINGS, FL 34689</b>
TITLE	<b>T. Wm.</b>
NAME	<b>J. J. #114</b>
STREET ADDRESS	<b>794 E. KLOSTERMAN RD</b>
CITY-ST-ZIP	<b>TARPON SPRINGS, FL 34689</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: **William Johnson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-11-08 727-492-0448**