FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 28 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J47378

(1)

SUNRISE R. V. PARK, INC.

CITY-ST-ZIP

SIGNATURE:

Principal Pla	ace of Business	Mailing Address			n ynnawign minr mynn, lander ffylg fanna fann mar syffi myn feini myn				
1803 US 19 HOLIDAY FL 34691		1803 US 19 HOLIDAY FL 34691-5536	1803 US 19 HOLIDAY FL 34691-5536						
						3- Date incorporated or Qualified 12/08/1986		ate of Las	
2. Principal	Place of Business	2a. Mailing Address	Mailing Address			4. FEI Number			Applied For
-11		26				59-2758895			Not Applicable
Suite, Ap	ot. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional
City & St	rite.	City & State							Required
[23] 28			e			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zφ	Country	Zip	Cou	nirv		8. This corporation has liability for			
24	25	29	30				ntangible Yes		r s. 199.032,
	9. Name and Address of Currer		100			10. Name and Address of New Re			
BAKER, RICHARD W				81	Name		 		
	03 US 19			82	Stroot Add	ress (P.O. Box Number is Not Acceptat	del		
HO	DLIDAY FL 34691			۰	Siledi Add	ress (r.o. Box number is Not Acceptat	жеј		
				83					
				84	City			85 Z	ip Code
						poration submits this statement for the p	FL	_ '	•
onice o	r registered agent, or both, in the State I am familiar with, and accept the oblig	ations of, Section 607.0505,	s authorized Florida Stati	utes	the corpora	tion's board of directors. I hereby accepted when reinstating)	DATE	ointment	as registered
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	DIRECT	ORS IN 12
TITLE	PD POY M	DETELE	1.1 7)7	LE				☐ Chang	je 🔲 Addition
NAME	SPEER, ROY M		1.2 NA	ME					
STREET ADDRESS	s 1803 US 19 HOLIDAY FL				ADDRESS				
CHTY-ST-7P	STD	DESCRIPTION	1.4 CI		T-ZIP				
TITLE	SPEER, RICHARD M	DELETE	21 117					L. Chang	e [_] Addition
NAME STREET ADORESS	4000 110 40		22 NA		*********	•.			
CITY - ST - ZIF	HOLIDAY FL				ADDRESS				
TITLE	AS	DELETE	2 4 CI 31 TIT		11-ZIP			Chang	ie 🔲 Addition
NAME	HUMPHRIES, J. BOB	/ Colored	32 NA					onang	le 🗀 Haditidii
STREET ADORESS	EAST ELICITATION DE MARAN		1		ADDRESS				
COY-ST ZIF	TAMPA FL		3 4. CI		ł				_
TITLE		DELETE	41111	_	- 10	/b _	*********	Chang	e X Addition
NAME			4 2 N/	AME	Ò	hris Scherer			
STREET ALIORESS	5 1				ADDRESS L	hris Scherer			
City - St - Zif:			4400			OLIDAY FL 346	11		
TITLE		DELETE	5.1 TIT		Š	IT D		Chang	e X Addition
NAM!			52 NA	ME	Ø	ichard W Baker			/ >
STREET ADDRESS	5		5.3 ST	REET	ADDRESS S	102 US 19			
CITY ST-ZIP			5 4 CI	Y-\$1	r-zip	POLIDAY FL 346	91		
TITLE		DELETE	61 TIT		- 107			Chang	e Addition
NAME			6.2 NA	ME					
STREET ADORESS	s [63 ST	REET	ADDRESS				

64 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 12 if changed, or on an attachment with an address.