

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000000547					
1. Entry Name SUNSET PALMS MOBILE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 34495 ROSE DRIVE PINELLAS PARK, FL 33781			Mailing Address 34495 ROSE DRIVE PINELLAS PARK, FL 33781		
2. Principal Place of Business - No P.O. Box # 34485 CACTUS DR Suite, Apt. #, etc.			3. Mailing Address 34485 CACTUS DR Suite, Apt. #, etc.		
City & State PINELLAS PARK, FL Zip: 33781		City & State PINELLAS PARK, FL Zip: 33781		4. FEI Number 56-2425342	
Country U.S.		Country U.S.		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DERR, NEAL W 34468 PALM DRIVE PINELLAS PARK, FL 33781			7. Name and Address of New Registered Agent 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 			DATE 10/3/07		
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50					
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME WILLIAMS, CHARLES A STREET ADDRESS 34524 VIOLET DRIVE CITY-ST-ZIP PINELLAS PARK, FL 33781	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE V NAME SAVARIA, LEON STREET ADDRESS 34164 CANAL DRIVE CITY-ST-ZIP PINELLAS PARK, FL 33781	☒ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE S NAME EASTER, MARJORIE STREET ADDRESS 34130 OAK DRIVE CITY-ST-ZIP PINELLAS PARK, FL 33781	☒ Delete		TITLE _____ NAME GENEVA HUGHEY STREET ADDRESS 34485 CACTUS DR CITY-ST-ZIP PINELLAS PARK, FL 33781	☒ Change ☐ Addition	
TITLE T NAME HICKMAN, B. J STREET ADDRESS 34485 CACTUS DRIVE CITY-ST-ZIP PINELLAS PARK, FL 33781	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes; and 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or as an attachment with an address, with all other like empowered.					
SIGNATURE 			DATE 10/3/07		
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) B. J. Hickman - TREASURER 10-4-07					

FILED

07 OCT 10 AM 8:24

STATE
TALLAHASSEE, FLORIDA



09282007 REIN-NP CR2E099 (1/07)

4. FEI Number: 56-2425342 Applied For: ☐ Not Applicable

5. Certificate of Status Desired: ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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: DATE: 10/3/07

(NOTE: Registered Agent signature required when reinstating)
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50
Make check payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME WILLIAMS, CHARLES A	☐ Delete	TITLE _____	NAME _____	☐ Change ☐ Addition
STREET ADDRESS 34524 VIOLET DRIVE	CITY-ST-ZIP PINELLAS PARK, FL 33781		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE V	NAME SAVARIA, LEON	☒ Delete	TITLE _____	NAME _____	☐ Change ☐ Addition
STREET ADDRESS 34164 CANAL DRIVE	CITY-ST-ZIP PINELLAS PARK, FL 33781		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE S	NAME EASTER, MARJORIE	☒ Delete	TITLE _____	NAME GENEVA HUGHEY	☒ Change ☐ Addition
STREET ADDRESS 34130 OAK DRIVE	CITY-ST-ZIP PINELLAS PARK, FL 33781		STREET ADDRESS 34485 CACTUS DR	CITY-ST-ZIP PINELLAS PARK, FL 33781	
TITLE T	NAME HICKMAN, B. J	☐ Delete	TITLE _____	NAME _____	☐ Change ☐ Addition
STREET ADDRESS 34485 CACTUS DRIVE	CITY-ST-ZIP PINELLAS PARK, FL 33781		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE _____	NAME _____	☐ Delete	TITLE _____	NAME _____	☐ Change ☐ Addition
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE _____	NAME _____	☐ Delete	TITLE _____	NAME _____	☐ Change ☐ Addition
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP _____	

REINSTATEMENT

2007

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes; and 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or as an attachment with an address, with all other like empowered.

SIGNATURE: DATE: 10/3/07
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
B. J. Hickman - TREASURER 10-4-07