

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007588

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: SUNRISE MOBILE HOME OWNERS INC.

**Current Principal Place of Business:**

18118 US HWY 41 NORTH  
LOT 1513  
LUTZ, FL 33549

**New Principal Place of Business:**

18118 US HWY 41 NORTH  
LOT 15 B  
LUTZ, FL 33549

**Current Mailing Address:**

18118 US HWY 41 NORTH  
LOT 1513  
LUTZ, FL 33549

**New Mailing Address:**

18118 US HWY 41 NORTH  
LOT 15 B  
LUTZ, FL 33549

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HERLOCKER, CLAUD JR.  
18118 US HWY 41 NORTH  
LUTZ, FL 33549 US

**Name and Address of New Registered Agent:**

HERLOCKER, CLAUD JR.  
18118 US HWY 41 NORTH  
LOT 15 B  
LUTZ, FL 33549 US

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.

SIGNATURE: \_\_\_\_\_ Date: 04/07/2009  
Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HERLOCKER, CLAUD OFFICER  
Address: 18118 US HWY 41 NORTH  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete  
Name: PAUL, KAREN OFFICER  
Address: 8118 US HWY 41 NORTH  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete  
Name: TOOLE, BRENDA OFFICER  
Address: 18118 US HWY 41 NORTH  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: HERLOCKER, CLAUD OFFICER  
Address: 18118 US HWY 41 NORTH LOT 15 B  
City-St-Zip: LUTZ, FL 33549

Title: D (X) Change ( ) Addition  
Name: DOEZEMA, BARBARA OFFICER  
Address: 18118 US HWY 41 NORTH LOT 16 C  
City-St-Zip: LUTZ, FL 33549

Title: D (X) Change ( ) Addition  
Name: GARRETT, GARY OFFICER  
Address: 18118 US HWY 41 NORTH LOT 5 A  
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUD HERLOCKER JR.                      PRES                      04/07/2009  
Electronic Signature of Signing Officer or Director                      Date