


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90035 049 ****70.00


DOCUMENT # N09031
 1. Entity Name
MOBILE HOME OWNERS OF SUNRISE 31 SOUTH, INCORPORATED



Principal Place of Business Mailing Address
RONALD R ROBSON **RONALD R ROBSON**
2371 SE HW 31 LOT 43 **2371 SE HWY 31 LOT 43**
ARCADIA FL 34266 **ARCADIA FL 34266**
US **US**

2. Principal Place of Business 3. Mailing Address
Sunrise Mobile Home Park **Sunrise Mobile Home Park**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2371 S.E.Hwy 31, **2371 S.E.Hwy 31**
 City & State City & State

City & State Zip Country Zip Country
Arcadia, Fl. **Arcadia, Fl.**
34266 **Desota** **34266** **Desota**



1st MOORE CR2E037 (10/04)
 4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WEAVER, PAUL A
2371 SE HY 31 LOT 72
ARCADIA FL 34266

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 Paul A. Weaver *Paul A. Weaver* **1-19-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 **Due By May 1, 2005**
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KESON, SHIRLEY 2371 SE HWY 31 LOT 30 ARCADIA FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOUISE, LESCH 2371 SE HWY 31 LOT 63 ARCADIA FL 34266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Beall, Dale 2371 SE Hwy 31 Lot 15 Arcadia, Fl. 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Delete WEAVER, PAUL A 2371 SE HWY 31 LOT 72 ARCADIA FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Paul A. Weaver 2371 SE Hwy.31 Lot 72 Arcadia, Fl. 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete APPLEGATE, ANN 2371 SE HWY. 31 LOT 76 ARCADIA FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Applegate, Ann 2371 SE Hwy. 31 Lot 76 Arcadia, Fl. 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete DULKIEWICZ, DIANA 2371 SE HWY 31 LOT 45 ARCADIA FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wallace, John 2371 SE Hwy 31 Lot 17 Arcadia, Fl. 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Paul A. Weaver *Paul A. Weaver* **1-19-05** **863 993 427 1**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #