

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



N09031


FILED

2007 FEB 19 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09031

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



Principal Place of Business SUNRISE MOBILE HOME PARK 2371 SE HWY 31 ARCADIA, FL 34266 US	Mailing Address SUNRISE MOBILE HOME PARK 2371 SE HWY 31 ARCADIA, FL 34266 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01/08/07--01017--017 **70.00
01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**WEAVER, PAULA
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
Due by May 1, 2007**

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

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	VP BEALL, DALE 2371 SE HWY 31 LOT 15 ARCADIA, FL 34266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEAVER, PAUL A 2371 SE HWY 31 LOT 72 ARCADIA, FL 34266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD APPLEGATE, ANN 2371 SE HWY. 31 LOT 76 ARCADIA, FL 34266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, JOHN 2371 SE HWY 31 LOT 17 ARCADIA, FL 34266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Handwritten: 12/19/07
01/08/07 01017 017 70.00

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 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** **1-18-07** **863-993-4271**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #