2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N09031



FILED Jan 22, 2008 8:00 am Secretary of State

MOBILE HOME OWNERS OF SUNRISE 31 SOUTH, INCORPORATED								01-22-200	8 90044 (JUS ****E	51.25	
SUNRISE MOBILE HOME PARK S 2371 SE HWY 31 2			SUNF 2371	Mailing Address SUNRISE MOBILE HOME PARK 2371 SE HWY 31 ARCADIA, FL 34266 US				BDIID ISIU BBIND IIFBI S	184 BYSII BYSII SI	BSI 81909 01811 83	1511 8 1 1 11 4 1111	
Principal Place of Business - No P.O. Box # 3. M				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01042008	Chg-NP	CR2E0	37 (12/06)		
City & State			Cit	City & State			4. FEI Numbe NOT AP	PLICABLE			pplied For ot Applicable	
Zip Country			Zip	Country			Certificate of Status Desired					
	6. Name	and Address of Curre	nt Registers				7. Name and	7. Name and Address of New Registered Agent				
WEAVER	ΡΔΙΙΙ Δ					Name						
WEAVER, PAUL A 2371 SE HY 31 LOT 72 ARCADIA, FL. 34266					Street Address (P.O. Box Number is Not Acceptable)							
THE OTHER					City					Zip Coo	le	
9. The about approach antitude howite this statement for the common of shape in the science.					red office or registered agent, or both, in the State of Florida. I am familiar with, and accept							
the obliga	tions of regist	ered agent.	ioi ine puip	ose or changing na	s rogistoro	J Onice or regis	stered agerst, or bott	ii, iii ii ie State of f	iona. Tani	idillilai Willi,	and accept	
SIGNATURE		L A W B	AVE	R						· · · · · · · · · · · · · · · · · · ·		
	Signature, typeo	or printed name or registered age	orn amo tine ii appo	-case. (NOI	E: Registered	Agent signisure requi	aired when reinstating)		DATE			
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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:		1L A	t. U	(E	AV	EF	?
	SIGNATUS	RE AND TYPED O	R PRINTED NA	ME OF	HIGHING OF	FICER OF	DIRECTO