

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20136

FILED  
Apr 13, 2010  
Secretary of State

**Entity Name:** STICKNEY POINT MOBILE HOME PARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1804 STICKNEY PT. ROAD  
LOT 86  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

**Current Mailing Address:**

1804 STICKNEY PT. ROAD  
LOT 86  
SARASOTA, FL 34231 US

**New Mailing Address:**

**FEI Number:** 59-2748358

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PUTT, JULIE  
1804 STICKNEY PT. ROAD  
#86  
SARASOTA, FL 34231 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KUNTZ, SUE  
Address: 1804 STICKNEY PT. RD #101  
City-St-Zip: SARASOTA, FL 34231

Title: D  
Name: FLEIGER, VICTOR  
Address: 1804 STICKNEY PT. RD #77  
City-St-Zip: SARASOTA, FL 34231

Title: P  
Name: LOWELL, MCCAWE  
Address: 1804 STICKNEY POINT RD #106  
City-St-Zip: SARASOTA, FL 34231

Title: D  
Name: CHRISTOFFERSON, MARGARET  
Address: 1804 STICKEY PT RD #90  
City-St-Zip: SARASOTA, FL 34231

Title: T  
Name: HADENFELDT, JOLAINE  
Address: 1804 STICKNEY POINT DR #85  
City-St-Zip: SARASOTA, FL 34231

I hereby 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 all other like empowered.

SIGNATURE: JULIANNE PUTT

MNGR

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date