

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N36322 (8)**

1. Corporation Name  
**SUNSET MOBILE MANOR HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**7 SUNSET DRIVE NW WINTER HAVEN FL 33881**

3. Date Incorporated or Qualified **01/22/1990** 3a. Date of Last Report **02/27/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2984309</b>	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BENNETT, BARRY W  
60 SECOND ST SE  
WINTER HAVEN FL 33880**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD FORGASON, TOM</b>	1.1 TITLE	<b>PD GENE WALKER</b>
NAME	<b>17A LAKE DRIVE N.W.</b>	1.2 NAME	<b>01 LAKE DRIVE NW</b>
STREET ADDRESS	<b>WINTER HAVEN FL</b>	1.3 STREET ADDRESS	<b>WINTER HAVEN FLA</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<b>VD WALKER, GENE</b>	2.1 TITLE	<b>VD DON MOORE</b>
NAME	<b>18 LAKE DRIVE, N.W.</b>	2.2 NAME	<b>36 PARK LN NW</b>
STREET ADDRESS	<b>WINTER HAVEN FL</b>	2.3 STREET ADDRESS	<b>WINTER HAVEN, FLA</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<b>TD FORD, KATHRYN E</b>	3.1 TITLE	<b>TD BARBARA TAYLOR</b>
NAME	<b>28 LAKE DR NW</b>	3.2 NAME	<b>34 PARK LN NW</b>
STREET ADDRESS	<b>WINTER HAVEN FL</b>	3.3 STREET ADDRESS	<b>WINTER HAVEN, FLA</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<b>SD WOOD, ANNA</b>	4.1 TITLE	
NAME	<b>7 SUNSET DR NW</b>	4.2 NAME	
STREET ADDRESS	<b>WINTER HAVEN FL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<b>D TAYLOR, BARBARA</b>	5.1 TITLE	<b>D Tom FORGASON</b>
NAME	<b>34 PARK LN NW</b>	5.2 NAME	<b>17A LAKE DRIVE</b>
STREET ADDRESS	<b>WINTER HAVEN FL</b>	5.3 STREET ADDRESS	<b>WINTER HAVEN, FLA</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Taylor Jones  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96 941-956-5108  
Date Daytime Phone #

CR2E037 (12/95)