

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 59-2984309	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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)	FL
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

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