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Feb 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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

7 SUNSET DRIVE NW
WINTER HAVEN FL 33881-9111



3. Date Incorporated or Qualified
01/22/1990

3a. Date of Last Report
03/19/1996

4. FEI Number

59-2984309

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME WALKER, GENE
STREET ADDRESS 18 LAKE DRIVE NW
CITY-ST-ZIP WINTER HAVEN FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME PD Rosaria Lachariste
1.3 STREET ADDRESS 45 Sunset Dr
1.4 CITY-ST-ZIP Winter Haven, Fla 33881

TITLE VD ☒ DELETE
NAME MOORE, DON
STREET ADDRESS 36 PARK LANE NW
CITY-ST-ZIP WINTER HAVEN FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME VD Robert Watson
2.3 STREET ADDRESS 9 Sunset Dr
2.4 CITY-ST-ZIP Winter Haven, Fla 33881

TITLE TD ☐ DELETE
NAME TAYLOR, BARBARA
STREET ADDRESS 36 PARK LANE NW
CITY-ST-ZIP WINTER HAVEN FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME TD Joyce Cokander
3.3 STREET ADDRESS 15 Lake Dr
3.4 CITY-ST-ZIP Winter Haven, Fla 33881

TITLE SD ☐ DELETE
NAME WOOD, ANNA
STREET ADDRESS 7 SUNSET DR NW
CITY-ST-ZIP WINTER HAVEN FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME FORGASON, TOM
STREET ADDRESS 17A LAKE DRIVE
CITY-ST-ZIP WINTER HAVEN FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME VD Joyce Cokander
5.3 STREET ADDRESS 15 Lake Dr
5.4 CITY-ST-ZIP Winter Haven, Fla 33881

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97

941-956-5108

CR2E037 (9/96)