

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

0058845

03-03-1999 90078 044 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N36322

1. Corporation Name

SUNSET MOBILE MANOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

7 SUNSET DRIVE NW  
 WINTER HAVEN FL 33881

Mailing Address

7 SUNSET DRIVE NW  
 WINTER HAVEN FL 33881



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/22/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2984309

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 LACHARDE, ROSARIE  
 STREET ADDRESS 45 SUNSET DR  
 CITY-ST-ZIP WINTER HAVEN FL

1.1 TITLE D-SECRETARY  Change  Addition  
 1.2 NAME HINES Phyllis  
 1.3 STREET ADDRESS 17 LAKE DR N.W  
 1.4 CITY-ST-ZIP Winter Haven, Fl. 33881

TITLE VD  DELETE  
 NAME WATSON, ROBERT  
 STREET ADDRESS 9 SUNSET DR  
 CITY-ST-ZIP WINTER HAVEN FL

2.1 TITLE D-Vice-PRES.  Change  Addition  
 2.2 NAME HARLEEN MAYNARD  
 2.3 STREET ADDRESS 31 LAKE DR.  
 2.4 CITY-ST-ZIP WINTER HAVEN, FL. 33881

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

3.1 TITLE D. WATSON Robert  Change  Addition  
 3.2 NAME 9 SUNSET DR.  
 3.3 STREET ADDRESS Winter Haven, Fl. 33881  
 3.4 CITY-ST-ZIP

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

4.1 TITLE Director  Change  Addition  
 4.2 NAME WOOD ANNA  
 4.3 STREET ADDRESS 7 Sunset Dr n.w.  
 4.4 CITY-ST-ZIP Winter Haven, Fl. 33881

TITLE D  DELETE  
 NAME CEKANDER, JOYCE  
 STREET ADDRESS 13 LAKE DR  
 CITY-ST-ZIP WINTER HAVEN FL

5.1 TITLE Director  Change  Addition  
 5.2 NAME PATTERSON Richard  
 5.3 STREET ADDRESS 81 PARK DR.  
 5.4 CITY-ST-ZIP Winter Haven, Fl. 33881

TITLE Director  DELETE  
 NAME MOORE DON  
 STREET ADDRESS 36A PARK LANE  
 CITY-ST-ZIP Winter Haven, Fl 33881

6.1 TITLE J. TREASURER  Change  Addition  
 6.2 NAME LES VERHELST  
 6.3 STREET ADDRESS 17A LAKE DR. N.W  
 6.4 CITY-ST-ZIP Winter Haven, Fla 33881

14. I 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, with all other like empowered.

SIGNATURE: *Les Verhelst* TREAS. 2-8-99 (941)956-5573  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)