

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36322

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

Name

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

City

FL

Zip Code

4. FEI Number

59-2984309

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LACHARDE, ROSARIE	
STREET ADDRESS	45 SUNSET DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WATSON, ROBERT	
STREET ADDRESS	9 SUNSET DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, BARBARA	
STREET ADDRESS	36 PARK LANE NW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WOOD, ANNA	
STREET ADDRESS	7 SUNSET DR NW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CEKANDER, JOYCE	
STREET ADDRESS	13 LAKE DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	PP	<input type="checkbox"/> Delete
NAME	VERHELST	
STREET ADDRESS	17A LAKE DR. N.W.	
CITY-ST-ZIP	WINTER HAVEN, FLA 33881	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DPHILLIS HINES	
STREET ADDRESS	17 LAKE DR N.W.	
CITY-ST-ZIP	WINTER HAVEN, FLA 33881	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON MOORE	
STREET ADDRESS	36A PARK LANE N.W.	
CITY-ST-ZIP	WINTER HAVEN, FLA 33881	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRGINIA McNALLY	
STREET ADDRESS	56 CIRCLE DR. N.W.	
CITY-ST-ZIP	WINTER HAVEN, FLA 33881	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom FORGASON	
STREET ADDRESS	65 CIRCLE DR N.W.	
CITY-ST-ZIP	Winter Haven, Fla 33881	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard PATTERSON	
STREET ADDRESS	81 PARK DR. N.W.	
CITY-ST-ZIP	WINTER HAVEN, FLA 33881	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARLEEN MAYNARD	
STREET ADDRESS	31 LAKE DR. N.W.	
CITY-ST-ZIP	WINTER HAVEN, FLA 33881	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE CEKANDER 1-22-00 (803) 956-557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90122 026 ****61.25



DO NOT WRITE IN THIS SPACE