

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90048 036 ****61.25

DOCUMENT # N36322

1. Entity 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

Suite, Apt. #, etc.

3. Mailing Address

7 SUNSET DR.

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

WINTER HAVEN FL.

33881

FLORIDA

4. FEI Number

59-2984309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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	D	<input checked="" type="checkbox"/> Delete
NAME	HINES, PHYLLIS	
STREET ADDRESS	17 LAKE DR NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, DON	
STREET ADDRESS	36A PARK LANE NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	SD	<input type="checkbox"/> Delete
NAME	M McNALLY, VIRGINIA	
STREET ADDRESS	56 CIRCLE DR NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	TD	<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	PATTERSON, RICHARD	
STREET ADDRESS	81 PARK DR NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAYNARD, HARLEEN	
STREET ADDRESS	31 LAKE DR NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LES VERHELST	
STREET ADDRESS	17A LAKE DRIVE	
CITY-ST-ZIP	WINTER HAVEN, FL. 33881	
TITLE	VICE PRES D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM FORGASON	
STREET ADDRESS	65 CIRCLE DR.	
CITY-ST-ZIP	WINTER HAVEN, FL. 33881	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON BRINK	
STREET ADDRESS	18 LAKE DR	
CITY-ST-ZIP	WINTER HAVEN, FL. 33881	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERB HULS	
STREET ADDRESS	65 CIRCLE DR.	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN BARBER	
STREET ADDRESS	6 SUNSET DR.	
CITY-ST-ZIP	WINTER HAVEN, FL. 33881	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOROTHY PRAY	
STREET ADDRESS	89 SUNSET DR.	
CITY-ST-ZIP	WINTER HAVEN, FL. 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:

ANNA WOOD TREAS. 2/23/2001 863-956-3072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)