

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90024 021 \*\*\*\*61.25

**DOCUMENT # N36322**

1. Entity Name

**SUNSET MOBILE MANOR HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7 SUNSET DRIVE DRIVE  
 WINTER HAVEN FL 33881

7 SUNSET DRIVE DRIVE  
 WINTER HAVEN FL 33881

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2984309**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	VERHELST, LES	
STREET ADDRESS	17 A LAKE DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input checked="" 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	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 type="checkbox"/> Delete
NAME	BARBER, JOHN	
STREET ADDRESS	6 SUNSET DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRAY, DOROTHY	
STREET ADDRESS	89 SUNSET DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN HART	
STREET ADDRESS	82 PARK LANE	
CITY-ST-ZIP	WINTER HAVEN, FL. 33881	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAM HOARD	
STREET ADDRESS	73 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. N.W.	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERB. HULS	
STREET ADDRESS	66 CIRCLE DR N.W	
CITY-ST-ZIP	WINTER HAVEN, FL. 33881	
TITLE	VP	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02

863-956-3072

Date Daytime Phone #

CP2E037 (9/01)