


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90048 042 ****61.25

DOCUMENT # N36322
 1. Entity Name
SUNSET MOBILE MANOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
50 SUNSET DRIVE NW **50 SUNSET DRIVE NW**
WINTER HAVEN FL 33881 **WINTER HAVEN FL 33881**



2. Principal Place of Business 3. Mailing Address
62 Circle Dr N.W. **62 Circle Dr. N.W.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
Winter Haven FL. **WINTER HAVEN FL.**
 Zip Country Zip Country
33881 **POLK** **33881** **POLK**

4. FEI Number Applied For
59-2984309 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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VERHELST, LES	
STREET ADDRESS	17 A LAKE DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	HART, JOHN	
STREET ADDRESS	82 PARK LANE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCNALLY, VIRGINIA	
STREET ADDRESS	56 CIRCLE DR NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	TD	<input checked="" 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	KANNAS, DON	
STREET ADDRESS	28 LAKE DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOARD, SAM	
STREET ADDRESS	73 CIRCLE DR	
CITY-ST-ZIP	WINTER HAVEN FL 33881	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM RENA	
STREET ADDRESS	62 Circle Dr N.W.	
CITY-ST-ZIP	WINTER HAVEN FL. 33881	
TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD DILLON	
STREET ADDRESS	19 LAKE DR. N.W.	
CITY-ST-ZIP	WINTER HAVEN FL. 33881	
TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUG SHAPLES	
STREET ADDRESS	45 SUNSET DR. N.W.	
CITY-ST-ZIP	WINTER HAVEN FL. 33881	
TITLE	ELAINE MORGAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELAINE MORGAN	
STREET ADDRESS	71 CIRCLE DR. N.W.	
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 exemptions contained in Section 119, 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: **Tom Rena - Tom RENA Treas. 3-8-06 309-453-9974**