

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90196 011 \*\*\*\*61.25

**DOCUMENT # N36322**  
 1. Entity Name  
 BY THE LAKE  
 SUNSET MOBILE MANOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
 62 CIR DR NW WINTER HAVEN FL 33881  
 Lake Alfred, FL 33850



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent  
 BENNETT, BARRY W  
 60 SECOND ST SE  
 WINTER HAVEN FL 33880

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  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DT<br>RENA, TOM<br>62 CIR DR NW<br>WINTER HAVEN FL 33881<br>Lake Alfred, FL 33850 <input type="checkbox"/> Delete                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>HART, JOHN<br>2203 Park Lane<br>WINTER HAVEN FL 33881<br>Lake Alfred, FL 33850 <input type="checkbox"/> Delete               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>SHARPLESS, DOUG<br>45 SUNSET DR NW<br>WINTER HAVEN FL 33881 <input checked="" type="checkbox"/> Delete                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DVP<br>DILLOM, RICHARD<br>19 LAKE DR NW<br>WINTER HAVEN FL 33881 <input checked="" type="checkbox"/> Delete                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>KANNAS, DON<br>26 LAKE DR. 2307 Lake Drive<br>WINTER HAVEN FL 33881<br>Lake Alfred, FL 33850 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>MORGAN, ELAINE<br>71 CIR DR NW<br>WINTER HAVEN FL 33881<br>Lake Alfred, FL 33850 <input type="checkbox"/> Delete            |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | President<br>Keith Stewart<br>73 Circle Drive<br>Lake Alfred, FL 33850 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | Vice-Pres.<br>Richard Patterson<br>2205 Park Lane<br>Lake Alfred, FL 33850 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: Thomas Rena Treasurer 3/28/07 1-309 453-9974  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40068540

#N36322

3/28/07

Please note  
changes:

New ownership of  
the park has changed  
the name to Sunset  
by the Lake. The  
post office has  
annexed us to Lake  
~~Alfred~~ Alfred 33850  
now instead of Winter  
Havens.

Thank You  
Tom Rena Treco.  
Sunset by the Lake  
Homeowners Assoc. Inc.