## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2008 8:00 am Secretary of State

DOCUMENT # N36322  1. Entity Name SUNSET MOBILE MANOR HOMEOWNERS ASSOCIATION, INC.					04-16-2008 90031 035 ****61.25				
Principal Place of Business -62 CIR DR NW 2306 Lake Dr. LAKE ALFRED, FL 33850  Amailing Address 2306 Lake Dr. LAKE ALFRED, FL 33850				ke Dr.				, -	
2 Principal Place of Business - No P.O. Roy # 3 Mailing Address									
2. Principal Place of Business - No P.O. Box # 3		3. Mailing Address				B MITTED TETTO TIMES IN	0) 3 3   0\0 <u> </u>   0 1	M TTÅN EKRIN EKR	INTERNITOR CONTRACTOR
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01142008	Chg-NP	CR2E03	37 (12/06)	
City & State		City & State		<del></del>	4. FEI Number 59-29843	09		_ <del>                                    </del>	oplied For ot Applicable
Zip	Country	Zip	Country Country		5. Certificate of	Status Desired		\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New			
<del></del>			N	lame				+	
BENNETT, BARRY W 60 SECOND ST SE WINTER HAVEN, FL 33880			Si	Street Address (P.O. Box Number is Not Acceptable)					
			Ci	City			FL	Zip Cod	e
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 Age	ent signature required	when reinstating)		DATE		
-	Filling Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	paign Finan	ncing	\$5.00 May Be Added to Fees	e Flo	Nake check	payable to	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Cam Trust Fund Co	paign Finan	noing	\$5.00 May Be Added to Fees	Flo	Make checl rida Depar	tment of S	tate
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TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIF  DT  RENA, TOM	9. Election Cam Trust Fund Co	paign Finan ontribution.  11.  IITLE  NAME	DT Ger	\$5.00 May Be Added to Fees ADDITIONS/CHANGE Cald C Ob Lak	SES TO OFFICE alver	Make check rida Depar ERS AND DI	tment of S	tate
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12. Thereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 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 CLAINE ELAINE E. MORGAN 4-1-2008 630-292 8450
SIGNATURE AND TYPED OR PRINTED MAREOF SIGNING OFFICER OR DIRECTOR

Date

Date

Daylime Phone #