

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90274 034 \*\*\*\*61.25



**DOCUMENT # N96000001916**  
1. Entity Name  
**SOUTHERNAIRE MOBILE HOME OWNERS, INC.**

Principal Place of Business  
**2560 62ND AVE N  
ST. PETERSBURG FL 33702**

Mailing Address  
**2560 62ND AVE N  
LOT ~~221~~ 146  
ST. PETERSBURG FL 33702**



2. Principal Place of Business  
**SAME AS ABOVE**

3. Mailing Address  
**SAME AS ABOVE**

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State

Zip

Country

4. FEI Number  
**59-3423948**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WESTON, RICHARD  
2560 62ND AVE N  
LOT 341  
ST. PETERSBURG FL 33702**

7. Name and Address of New Registered Agent  
Name **DELANA HINKELE**  
Street Address (P.O. Box Number is Not Acceptable)  
**2560 62ND AVEN. LOT ~~221~~ 146**  
City **ST PETERSBURG** FL Zip Code **33702**

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 **Delana Hunkeler** **DELANA Hunkeler** **4-12-05**  
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, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WESTON, RICHARD 2560 62ND AVE N. LOT 341 ST. PETERSBURG FL 33702 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENLEY, GENE 2560 62ND AVENUE N., LOT 252 ST. PETERSBURG FL 33702 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMOAK, MARY 2560 62ND AVENUE N., LOT 310 ST. PETERSBURG FL 33702 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GENE, LARRY 2560 62ND AVE N LOT 221 SAINT PETERSBURG FL 33702 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINKELE, DELANA 2560 62ND AVE. N. LOT 146 SAINT PETERSBURG FL 33702 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVER, BILL 2560 62ND AVE N. LOT 146 SAINT PETERSBURG FL 33702 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELANA HINKELE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2560 62ND AVEN. LOT 146 ST. PETERSBURG FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DON WEIL BRENNER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2560 62ND AVEN. LOT 327 ST. PETERSBURG FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUR WEIL BRENNER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2560 62ND AVE. N. LOT 340 ST. PETERSBURG FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LARRY JEAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2560 62ND AVEN. LOT 221 ST PETERSBURG FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERRI L. JEAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2560 62ND AVEN. LOT 221 ST PETERSBURG FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICK ROBERTSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2560 62ND AVE N. LOT 316 ST. PETERSBURG FL 33702

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: **Janey R. Jones** **4-12-05 727** **2040228**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #