

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90007 016 \*\*\*\*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 341~~  
ST. PETERSBURG FL 33702



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Lot 146**

City & State

City & State

1st MOORE

CR2E037 (10/07)

Zip

Country

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

7. Name and Address of New Registered Agent

**HUNKELE, DELANA**  
**2560 62ND AVE N LOT 146**  
**ST. PETERSBURG FL 33702**

Name **Delana Hunkele**

Street Address (P.O. Box Number is Not Acceptable)

**Lot 146**

**2560 62nd Ave N.**

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 Hunkele*

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME HUNKELE, DELANA ☐ Delete  
STREET ADDRESS 2560 62ND AVE N LOT 146  
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME KELLEY, JUDY ☐ Delete  
STREET ADDRESS 2560 62ND AVE NORTH LOT 334  
CITY-ST-ZIP SAINT PETERSBURG FL 33702

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME WEILBRENNER, SUE ☐ Delete  
STREET ADDRESS 2560 62ND AVE NORTH LOT 327  
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME DESLAURIERS, DELORES ☐ Delete  
STREET ADDRESS 2560 62ND AVE NORTH LOT 140  
CITY-ST-ZIP SAINT PETERSBURG FL 33702

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME JEAN, SHERI L ☐ Delete  
STREET ADDRESS 2560 62ND AVE N LOT 221  
CITY-ST-ZIP SAINT PETERSBURG FL 33702

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME HUNKELE, MICHAEL ☐ Delete  
STREET ADDRESS 2560 62ND AVE N. LOT 146  
CITY-ST-ZIP SAINT PETERSBURG FL 33702

TITLE ☐ Change ☐ 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:

*Delana Hunkele* **DELANA Hunkele 2-11-08 248-4206809**