

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007740

FILED  
Apr 01, 2010  
Secretary of State

**Entity Name:** SOUTHERN COMFORT MHP HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

24479 US HWY 19 N  
#222  
CLEARWATER, FL 33763

**New Principal Place of Business:**

24479 US HWY 19 N  
#301  
CLEARWATER, FL 33763

**Current Mailing Address:**

24479 US HWY 19 N  
#301  
CLEARWATER, FL 33763

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHRISTINE L. ALLAMANNO  
641 FIRST STREET SOUTH  
ST PETERSBURG, FL 33701      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FULFORD, JEFF  
Address: 24479 US HWY 19 N #301  
City-St-Zip: CLEARWATER, FL 33763

Title: D  
Name: ERENDINA, ANGELES  
Address: 24479 US HWY 19 N LOT #1106  
City-St-Zip: CLEARWATER, FL 33763

Title: D  
Name: EUGENIA, CAESER  
Address: 24479 US HWY 19 N #222  
City-St-Zip: CLEARWATER, FL 33763

Title: D  
Name: SUE, CONSTABLE  
Address: 24479 US HWY 19 N #124  
City-St-Zip: CLEARWATER, FL 33763

Title: D  
Name: ROBERT, LUKE  
Address: 24479 US HWY 19 N #301  
City-St-Zip: CLEARWATER, FL 33763

Title: D  
Name: GRACE, FULFORD  
Address: 24479 US HWY 19 N #301  
City-St-Zip: CLEARWATER, FL 33763

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEFF FULFORD

D

04/01/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date