

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752935

**Entity Name:** SUNSHINE MOBILE VILLAGE RESIDENTS ASSOCIATION, INC.**Current Principal Place of Business:**13701 SHOVELER DR  
FT MYERS, FL 33908**Current Mailing Address:**13701 SHOVELER DR  
FT MYERS, FL 33908 US**FEI Number:** 59-2008020**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STROEMER & COMPANY, PA  
14030 METROPOLIS AVE #200  
FORT MYERS, FL 33912 US*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**Officer/Director Detail :**

Title	PD
Name	BRANGACCIO, JOHN
Address	13691 KNOT DRIVE
City-State-Zip:	FORT MYERS FL 33908

Title	TD
Name	HARRIS, MARILYN
Address	13700 SORA DRIVE
City-State-Zip:	FORT MYERS FL 33908

Title	D
Name	SCHWARTZKOPF, JANE
Address	13630 PINTAIL
City-State-Zip:	FORT MYERS FL 33908

Title	VD
Name	CRAVER, KENNETH
Address	13640 NIGHTBIRD DRIVE
City-State-Zip:	FORT MYERS FL 33908

Title	SD
Name	WRIGHT, JIM
Address	13650 KNOT DRIVE
City-State-Zip:	FORT MYERS FL 33908

Title	D
Name	SHAW, MARTHA
Address	13690 OSPRY DRIVE
City-State-Zip:	FORT MYERS FL 33908

*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:** MARILYN HARRIS

TD

01/07/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date