

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

DOCUMENT# N07000007588

**FILED**  
**Feb 26, 2014**  
**Secretary of State**  
**CC6004212883**

**Entity Name:** SUNRISE MOBILE HOME OWNERS INC.

**Current Principal Place of Business:**

18118 US HWY 41 NORTH  
LOT 15 B  
LUTZ, FL 33549

**Current Mailing Address:**

18118 US HWY 41 NORTH  
LOT 15 B  
LUTZ, FL 33549

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

HERLOCKER, CLAUD JR.  
18118 US HWY 41 NORTH  
LOT 15 B  
LUTZ, FL 33549 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 D  
Name HERLOCKER, CLAUD OFFICER  
Address 18118 US HWY 41 NORTH LOT 15 B  
City-State-Zip: LUTZ FL 33549

Title D  
Name DOEZEMA, BARBARA OFFICER  
Address 18118 US HWY 41 NORTH LOT 16 C  
City-State-Zip: LUTZ FL 33549

Title D  
Name GARRETT, GARY OFFICER  
Address 18118 US HWY 41 NORTH LOT 5 A  
City-State-Zip: LUTZ FL 33549

*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:** CLAUD HERLOCKER JR

**PRESIDENT**

**02/26/2014**

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

\_\_\_\_\_  
Date