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: GLENN R KOPRIVA

Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N14000011374

Entity Name: NMRA SUNSHINE REGION, INC.

**Current Principal Place of Business:** 

4621 BEXLEY VILLAGE DR LAND O LAKES, FL 34638

## **Current Mailing Address:**

4621 BEXLEY VILLAGE DR LAND O LAKES, FL 34638 US

## FEI Number: 47-2516897

## Name and Address of Current Registered Agent:

KOPRIVA, GLENN R 4621 BEXLEY VILLAGE DR LAND O LAKES, FL 34638 US Certificate of Status Desired: No

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	GLENN R KOPRIVA			06/27/2023
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	VP	Title	PRESIDENT	
Name	ROBERTSON, JAMES	Name	JAMESON, WILLIAM	
Address	1199 N LOMBARDO AVE	Address	2557 BOYD AVENUE	
City-State-Zip:	LECANTO FL 34461	City-State-Zip:	MELBOURNE FL 32935-2739	
Title	TREASURER	Title	SECRETARY	
Name	KOPRIVA, GLENN R	Name	MENGER, ERICSON	
Address	4621 BEXLEY VILLAGE DR	Address	4145 CHABLIS STREET SW	
City-State-Zip:	LAND O LAKES FL 34638	City-State-Zip:	VERO BEACH FL 32968-3135	

TREASURER

06/27/2023

FILED Jun 27, 2023 Secretary of State 1432383068CC

Date