

**2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N93000005794

**Entity Name:** SOUTHFORK MOBILE HOME OWNERS ASSN. INC.

**Current Principal Place of Business:**

10852 TUMBLEWEED DR  
DADE CITY, FL 33525

**Current Mailing Address:**

10852 TUMBLEWEED DR  
DADE CITY, FL 33525 US

**FEI Number:** 59-3218261

**Certificate of Status Desired:** Yes

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

CADY, DOROTHY E  
38725 BRAHMAN DR  
DADE CITY, FL 33525 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:** DOROTHY E. CADY

07/19/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GERRISH, HARRY  
Address 11045 PALAMINO DRIVE  
City-State-Zip: DADE CITY FL 33525

Title VP  
Name WHITE, RON  
Address 11115 MESQUITE DRIVE  
City-State-Zip: DADE CITY FL 33525

Title TREASURER  
Name CADY, DOROTHY E  
Address 38725 BRAHMAN DRIVE  
City-State-Zip: DADE CITY FL 33525

Title D  
Name ELDER, DONNA  
Address 11055 EWING DRIVE  
City-State-Zip: DADE CITY FL 33525

Title SECRETARY  
Name MONSON, REBECCA  
Address 11025 MAVERICK DR  
City-State-Zip: DADE CITY FL 33525

Title DIRECTOR  
Name FITZSIMMONS, RAYMOND  
Address 11129 MESQUITE DR  
City-State-Zip: DADE CITY FL 33525

Title DIRECTOR  
Name DENNIS, JAMES  
Address 38719 BRAHMAN DR  
City-State-Zip: DADE CITY FL 33525

Title DIRECTOR  
Name WING, ANGIE  
Address 38745 BRAHMAN DR  
City-State-Zip: DADE CITY FL 33525

**Continues on page 2**

*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:** REBECCA MONSON

SECRETARY

07/19/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            MARCIA, MAYER  
Address        11120 PALAMINO DR  
City-State-Zip:  DADE CITY FL 33525