

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2002 8:00 am**  
**Secretary of State**

04-12-2002 90002 001 \*\*\*\*61.25

005552

**DOCUMENT # N00000005227**

1. Entity Name

**SUSSEX AT KINGS RIDGE NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business 1900 KINGS RIDGE BLVD CLERMONT FL 34711	Mailing Address 1900 KINGS RIDGE BLVD CLERMONT FL 34711
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2. Principal Place of Business 2180 WEST SR 434 Suite, Apt. #, etc. 5000 City & State LONGWOOD FL Zip 32779 Country USA	3. Mailing Address 2180 WEST SR 434 Suite, Apt. #, etc. 5000 City & State LONGWOOD FL Zip 32779 Country UDS
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3695904</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>KIMBALL FLETCHER, PATRICIA P.A.</b> 200 S BISCAYNE BLVD, STE 3410 MIAMI FL 33131	7. Name and Address of New Registered Agent Name <b>JAMES W HART JR</b> Street Address / P.O. Box Number is Not Acceptable <b>SENTRY MANAGEMENT INC</b> 2180 WEST SR 434 STE 5000 City <b>LONGWOOD</b> FL Zip Code <b>32779</b>
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8. 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  DATE **2/18/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HACKER, E. BING</b> 1900 KINGS RIDGE BLVD CLERMONT FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUNTER, WILLIAM</b> 1900 KINGS RIDGE BLVD CLERMONT FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCPHERSON, LAURA</b> 1900 KINGS RIDGE BLVD. CLERMONT FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>SELLERS, JEFF</b> 1900 KINGS RIDGE BLVD CLERMONT FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2-28-02** **352-242-1192**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)