2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005227

Apr 23, 2004 Secretary of State

Entity Name: SUSSEX AT KINGS RIDGE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 2180 WEST SR 434 5000

SUITE 5000 LONGWOOD, FL 32779 LONGWOOD, FL 32779

New Mailing Address: **Current Mailing Address:**

2180 WEST SR 434 2180 WEST SR 434

5000 SUITE 5000

LONGWOOD, FL 32779 LONGWOOD, FL 32779

FEI Number: 59-3695904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART, JAMES W JR HART, JAMES W JR SENTRY MGMT INC SENTRY MGMT INC

2180 WEST SR 434 SUITE 5000 2180 WEST SR 434 SUITE 5000 MIAMI, FL 33131 US LONGWOOD, FL 32779 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: 04/23/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

HACKER, E. BING RURYK, GENE Name: Name: 1900 KINGS RIDGE BLVD Address: 4091 CAPLAND AVE Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711

Title: VD () Delete Title: (X) Change () Addition ECKERT, TERRY Name: KIEFT, TERRY Name:

Address: 1900 KINGS RIDGE BLVD Address: 4087 CAPLAND AVE City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711

Title: () Delete Title: SD (X) Change () Addition

SODERMARK, CHRISTINE BENJAMIN, RAQUEL Name: Name: 1900 KINGS RIDGE BLVD. 4191 CAPLAND AVE Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711

Title: () Delete Title: TD () Change (X) Addition

Name: Name: LA ROCCA, MARIA 4146 CAPLAND AVE Address: Address: City-St-Zip: City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GENE RURYK PD 04/23/2004