2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005227

FILED Mar 31, 2008 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 SUITE 5000 LONGWOOD, FL 32779

Current Mailing Address: New Mailing Address:

2180 WEST SR 434 SUITE 5000 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
SENTRY MGMT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US
HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
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: JAMES W HART JR 03/31/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition CLAY, ELAINE QUINN, LARRY Name: Name: 4016 CAPLAND AVE Address: 4142 CAPLAND AVE Address: CLERMONT, FL 34711 CLERMONT, FL 34711 City-St-Zip: City-St-Zip: Title: PD () Delete Title: () Change () Addition CHILES, DARREL Name: Name: Address: 4000 CAPLAND AVE Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip:

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

 Name:
 HICKS, JIM
 Name:

 Address:
 3548 CAPLAND AVE
 Address:

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:

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

 Name:
 LA ROCCA, MARIA
 Name:

 Address:
 4146 CAPLAND AVE
 Address:

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:

Title: VPD () Delete Title: D (X) Change () Addition

 Name:
 SERMANIA, BILL
 Name:
 STEVENS, JIM

 Address:
 4024 CAPLAND AVE
 Address:
 4063 CAPLAND AVE

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:
 CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DARREL CHILES PD 03/31/2008