2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000490

FILED Apr 14, 2005 Secretary of State

Entity Nar	me: SUNRIDO	GE ESTATES HOMEOWNERS	ASSOCIATION, INC.		
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
4409 W LEONA TAMPA, FL 33629			SUITE B	3974 TAMPA ROAD SUITE B OLDSMAR, FL 34677	
Current M	lailing Addres	ss:	New Mailing Add	New Mailing Address:	
4409 W LEONA TAMPA, FL 33629			PO. BOX 2157 OLDSMAR, FL 34	PO. BOX 2157 OLDSMAR, FL 34677	
FEI Number:	:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
MAYNARD, CHARLES 4409 W LEONA TAMPA, FL 33629 US			3974 TAMPA ROA SUITE B	HANSON, JACK B 3974 TAMPA ROAD SUITE B OLDSMAR, FL 34677 US	
	named entity : e of Florida.	submits this statement for the p	urpose of changing its regist	tered office or registered agent, or both,	
SIGNATURE: JACK B HANSON				04/14/2005	
	Electror	nic Signature of Registered Age	nt	Date	
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () MAYNARD, CH 4409 W LEONA TAMPA, FL 33	A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () WARNSTEDT, 909 S OREGOI TAMPA, FL 33	N ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () CHANELL, DAF 13311 N LINCO TAMPA, FL 33	DLN ST	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: JACK B HANSON AGEN 04/14/2005