

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000490

FILED
Jan 15, 2009
Secretary of State

Entity Name: SUNRIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O FIRST CHOICE ASSOCIATION MGMT
4174 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

C/O FIRST CHOICE ASSOCIATION MGMT
4174 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 20-0627308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLAN, JAMES JR
C/O FIRST CHOICE ASSOCIATION MGMT
4174 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLLAZO, KATHLEEN
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685

Title: SEC () Delete
Name: ALDERMAN, WAYNE
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685

Title: TREA () Delete
Name: PLISKA, KEVIN
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: ALDERMAN, CATHIE
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685

Title: TREA (X) Change () Addition
Name: CAMPBELL, DIANE
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685

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: JAMES NOLAN

AGEN

01/15/2009

Electronic Signature of Signing Officer or Director

Date