

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

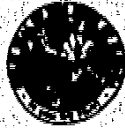
**APPROVED AND FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # NO5783 (8)**

1. Corporation Name  
**SUN RIDGE ASSOCIATION, INC.**

Principal Place of Business Mailing Address

P.O. BOX 160115 ALTAMONTE SPRINGS FL 32716 P.O. BOX 160115 ALTAMONTE SPRINGS FL 32716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/22/1984** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2596460** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**BRIGGLE, WILLIAM B**  
**408 ESTHER LN.**  
**ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

12. OFFICERS AND DIRECTORS

TITLE **PD**

NAME **STARKEY CRAIG**

STREET ADDRESS **250 PARK AVENUE N #14B**

CITY-ST-ZIP **WINTER PARK FL**

TITLE **VPO**

NAME **TERMAN, ROD**

STREET ADDRESS **549 SUN RIDGE PLACE #208**

CITY-ST-ZIP **ALTAMONTE SPRGS FL**

TITLE **TD**

NAME **FABRIZIO, LOU**

STREET ADDRESS **144 HOLDERNESS DR. E.**

CITY-ST-ZIP **LONGWOOD FL**

TITLE **S**

NAME **[REDACTED]**

STREET ADDRESS **[REDACTED]**

CITY-ST-ZIP **[REDACTED]**

TITLE **D**

NAME **BORDO, MARY**

STREET ADDRESS **537 SUN RIDGE PL, #102**

CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME **Linda Dart**

4.3 STREET ADDRESS **543 Sunridge Pl # 106**

4.4 CITY-ST-ZIP **Altamonte Springs, FL 32714**

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 or as an attachment with an address.

SIGNATURE: [Signature] **4-14-95** **884-1063**

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