

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N05783 (8)

1. Corporation Name
SUN RIDGE ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 160115, ALTAMONTE SPRINGS FL 32716
Mailing Address: P.O. BOX 160115, ALTAMONTE SPRINGS FL 32716

3. Date Incorporated or Qualified: **10/22/1984**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2596460	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25		

9. Name and Address of Current Registered Agent

BRIGGLE, WILLIAM B
498 ESTHER LN.
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STARKEY CRAIG	
STREET ADDRESS	250 PARK AVENUE N #14B	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	TERMAN, ROD	
STREET ADDRESS	549 SUN RIDGE PLACE #208	
CITY-ST-ZIP	ALTAMONTE SPRGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FABRIZIO, LOU	
STREET ADDRESS	144 HOLDERNESS DR. E.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DART, LINDA	
STREET ADDRESS	543 SUNRIDGE PL #106	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BORDO, MARY	
STREET ADDRESS	537 SUN RIDGE PL, #102	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	600001796778	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	-04/26/96--01089--032	
1.3 STREET ADDRESS	***\$61.25	
1.4 CITY-ST-ZIP		
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Demarco, Joe	
2.3 STREET ADDRESS	505 Sun Ridge Place #126	
2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Worman, Steve	
3.3 STREET ADDRESS	19 Shadow Creek Way	
3.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	McCulley, Mary	
4.3 STREET ADDRESS	543 Sun Ridge Pl #105	
4.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: C. D. Starkey 4/16/96 467-774-1874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)

PM 4-26-96