

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N05783 (8)**  
1. Corporation Name  
**SUN RIDGE ASSOCIATION, INC.**



Principal Place of Business <b>P.O. BOX 160115 ALTAMONTE SPRINGS FL 32716</b>	Mailing Address <b>P.O. BOX 160115 ALTAMONTE SPRINGS FL 32716-0115</b>
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3. Date Incorporated or Qualified <b>10/22/1984</b>	3a. Date of Last Report <b>04/26/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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4. FEI Number <b>59-2596460</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WORMAN, STEVE  
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 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, of 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 \_\_\_\_\_  
Signature, typed or printed name of registrant agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>STARKEY CRAIG</b>
STREET ADDRESS	<b>250 PARK AVENUE N #14B</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DEMARCO, JOE</b>
STREET ADDRESS	<b>505 SUN RIDGE PLACE #126</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRGS FL 32714</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>WORMAN, STEVE</b>
STREET ADDRESS	<b>19 SHADOW CREEK WAY</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MCGULLEY, MARY</b>
STREET ADDRESS	<b>543 SUNRIDGE PL #105</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BORDO, MARY</b>
STREET ADDRESS	<b>537 SUN RIDGE PL, #102</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Starkey Craig</b>
1.3 STREET ADDRESS	<b>250 Park Ave N #14B</b>
1.4 CITY-ST-ZIP	<b>Winter Park, FL 32789</b>
2.1 TITLE	<b>JUDY Helman VPD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>1927 Eland Ave</b>
2.3 STREET ADDRESS	<b>Winter Park, Fl. 32792</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>PRES</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Worman, Steve</b>
3.3 STREET ADDRESS	<b>19 Shadow Creek Way</b>
3.4 CITY-ST-ZIP	<b>Ormond Beach FL 32174</b>
4.1 TITLE	<b>Sect/Tres</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Wendy Miller</b>
4.3 STREET ADDRESS	<b>537 Sun Ridge P1 #106</b>
4.4 CITY-ST-ZIP	<b>Altamonte Springs Fl. 32714</b>
5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Rod Terman</b>
5.3 STREET ADDRESS	<b>PO Box 671 - 111A</b>
5.4 CITY-ST-ZIP	<b>Plymouth Fl. 32768</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>900002232289</b>
6.3 STREET ADDRESS	<b>-07/08/97--01004--034</b>
6.4 CITY-ST-ZIP	<b>***61.25</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

CR2E037 (9/96)

SIGNATURE \_\_\_\_\_