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Jul 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32716-0115
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3. Date Incorporated or Qualified 10/22/1984	3a. Date of Last Report 04/26/1996
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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 59-2596460	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	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	DEMARCO, JOE
STREET ADDRESS	505 SUN RIDGE PLACE #126
CITY-ST-ZIP	ALTAMONTE SPRGS FL 32714
TITLE	TD <input type="checkbox"/> DELETE
NAME	WORMAN, STEVE
STREET ADDRESS	19 SHADOW CREEK WAY
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	MCGULLEY, MARY
STREET ADDRESS	543 SUNRIDGE PL #105
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	D <input checked="" 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	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Starkey Craig
1.3 STREET ADDRESS	250 Park Ave N #14B
1.4 CITY-ST-ZIP	Winter Park, FL 32789
2.1 TITLE	JUDY Helman VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	1927 Eland Ave
2.3 STREET ADDRESS	Winter Park, Fl. 32792
2.4 CITY-ST-ZIP	
3.1 TITLE	PRES <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	Sect/Tres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Wendy Miller
4.3 STREET ADDRESS	537 Sun Ridge Pl #106
4.4 CITY-ST-ZIP	Altamonte Springs Fl. 32714
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Rod Terman
5.3 STREET ADDRESS	PO Box 671 - 111A
5.4 CITY-ST-ZIP	Plymouth Fl. 32768
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900002232289
6.3 STREET ADDRESS	-07/08/97--01004--034
6.4 CITY-ST-ZIP	***61.25

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: _____