


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90154 021 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N05783**

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

Principal Place of Business 602 E CHURCH ST ORLANDO FL 32801 US	Mailing Address 602 E CHURCH ST ORLANDO FL 32801 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/22/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2596460
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**WORMAN, STEVE**  
**498 ESTHER LN.**  
**ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name **JOSEPH BORDO**

82 Street Address (P.O. Box Number is Not Acceptable)  
**537 Sun Ridge Place #102**

83 ~~XXX~~

84 City **Altamonte Springs FL** 85 Zip Code **32714**

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 *[Signature]* DATE **4/14/1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PD	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STARKEY CRAIG	1.2 NAME	BORDO, JOSEPH
STREET ADDRESS	250 PARK AVENUE N #14B	1.3 STREET ADDRESS	537 Sun Ridge Place #102
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	VPD	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELMAN, JUDY	2.2 NAME	PACE, JO ANN
STREET ADDRESS	1927 ELAND AVE.	2.3 STREET ADDRESS	938 Detroit Street
CITY-ST-ZIP	WINTER PARK FL 32792	2.4 CITY-ST-ZIP	Jacksonville, FL 32254
TITLE	P	3.1 TITLE	F <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WORMAN, STEVE	3.2 NAME	FABRIZIO, LOUIS
STREET ADDRESS	19 SHADOW CREEK WAY	3.3 STREET ADDRESS	543 Sun Ridge Place #208
CITY-ST-ZIP	ORMOND BEACH FL 32174	3.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	ST	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, WENDY	4.2 NAME	De Marco, JOSEPH
STREET ADDRESS	537 SUNRIDGE PL #106	4.3 STREET ADDRESS	505 Sun Ridge Place #126
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	4.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	D	5.1 TITLE	
NAME	TERMAN, ROD	5.2 NAME	
STREET ADDRESS	PO BOX 671 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH FL 32768	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* DATE **4/14/1999** DAYTIME PHONE **407-869-6857**

CR2E037-11/98