


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90089 001 ****61.25

DOCUMENT # N05783
 1. Entity Name
SUN RIDGE ASSOCIATION, INC.



Principal Place of Business
 120 E. COLONIAL DR.
 ORLANDO FL 32801
 US

Mailing Address
 120 E. COLONIAL DR.
 ORLANDO FL 32801
 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

Country



MOORE CR2E037 (11/03)

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

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

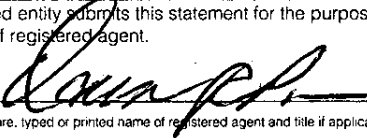
6. Name and Address of Current Registered Agent

PIERCE, DAVID R
FIRST CAPITAL
602 EAST CHURCH STREET
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **David R. Pierce** DATE **3/10/04**

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DART, LINDA	
STREET ADDRESS	543 SUN RIDGE PLACE #106	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MAGNUM, LEE	
STREET ADDRESS	388 NORTHWESTERN AVE.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	T	<input type="checkbox"/> Delete
NAME	STARKEY, CRAIG	
STREET ADDRESS	PO BOX 1803	
CITY-ST-ZIP	WINTER PARK FL 32790	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLARK, CINDY	
STREET ADDRESS	537 SUN RIDGE PLACE #102	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donna Bradley, Treasurer	
STREET ADDRESS	Sun Ridge Association, Inc.	
CITY-ST-ZIP	549 Sun Ridge Place, #101	
	Altamonte Springs, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glenn L. Brown, Director	
STREET ADDRESS	Sun Ridge Association, Inc.	
CITY-ST-ZIP	537 Sun Ridge Place #202	
	Altamonte Springs, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Linda Dart Pres.** DATE: **3-23-04**

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