


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90241 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
---	---



1st MOORE CR2E037 (10/05)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 59-2596460	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
--------------	--------------	------------------------------------	---	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$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)
120 E. Colonial Dr.

City **Orlando** FL Zip Code **32801**

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 _____ (NOTE: Registered Agent signature required when reconstituting)

Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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	D	<input type="checkbox"/> Delete
NAME	FAIRCHILD, RICK II	
STREET ADDRESS	543 SUNRIDGE PLACE #208	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	T	<input checked="" 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	D	<input type="checkbox"/> Delete
NAME	BROWN, GLENN L	
STREET ADDRESS	537 SUN RIDGE PLACE, #202	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan TOKLES	
STREET ADDRESS	549 SunRidge Pl. #103	
CITY-ST-ZIP	Alt. Spc FL. 32714	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 L. Hart* **2-28-06**

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