

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90100 042 \*\*\*\*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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE      CR2E037 (10/06)

City & State	City & State
Zip      Country	Zip      Country

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 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
  
~~PIERCE, DAVID R.~~  
FIRST CAPITAL  
120 E COLONIAL DR  
ORLANDO FL 32801

**7. Name and Address of New Registered Agent**  
Name: *Charles J Mitchell Jr*  
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: *[Signature]*      DATE: *1-19-07*

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DART, LINDA 543 SUN RIDGE PLACE #106 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
	D FAIRCHILD, RICK II 543 SUNRIDGE PLACE #208 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
	S CLARK, CINDY 537 SUN RIDGE PLACE #102 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
	D BROWN, GLENN L 537 SUN RIDGE PLACE, #202 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
	D TOKLES, SUSAN 549 SUNRIDGE PL 103 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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: *[Signature]*      Date: *1/23/07*      Telephone #: *407-788-7425*

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