

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05783

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: SUN RIDGE ASSOCIATION, INC.

## Current Principal Place of Business:

1516 E HILLCREST ST  
SUITE 210  
ORLANDO, FL 32803 US

## New Principal Place of Business:

1516 E. HILLCREST STREET  
SUITE 210  
ORLANDO, FL 32803 US

## Current Mailing Address:

1516 E HILLCREST ST  
SUITE 210  
ORLANDO, FL 32803 US

## New Mailing Address:

1516 E. HILLCREST STREET  
SUITE 210  
ORLANDO, FL 32803 US

FEI Number: 59-2596460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MITCHELL JR, CHARLES J  
FIRST CAPITAL PROPERTY GROUP, INC  
1516 E HILLCREST STREET, SUITE 210  
ORLANDO, FL 32803 US

## Name and Address of New Registered Agent:

MITCHELL JR, CHARLES J  
FIRST CAPITAL PROPERTY GROUP, INC  
1516 E. HILLCREST STREET, SUITE 210  
ORLANDO, FL 32803 US

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.

SIGNATURE: CHARLES J. MITCHELL, JR.

03/31/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: DART, LINDA  
Address: 543 SUN RIDGE PLACE #106  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T ( ) Delete  
Name: FAIRCHILD, RICK II  
Address: 543 SUNRIDGE PLACE #208  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: CLARK, CINDY  
Address: 537 SUN RIDGE PLACE #102  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S ( ) Delete  
Name: BROWN, GLENN L  
Address: 537 SUN RIDGE PLACE, #202  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: P ( ) Delete  
Name: TOKLES, SUSAN  
Address: 549 SUNRIDGE PL 103  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: FAIRCHILD, RICK II  
Address: P.O. BOX 162558  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN TOKLES

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date