

N05783

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Amend

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11 DEC -7 AM 8:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TR 12-9-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SUN RIDGE ASSOCIATION, INC.

DOCUMENT NUMBER: N05783

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAKESH SHARMA

(Name of Contact Person)

PALMERSTON, LLC

(Firm/ Company)

390 W SR 434, SUITE 203

(Address)

LONGWOOD, FLORIDA 32773

(City/ State and Zip Code)

RAK.SHARMA@EPMSERVICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAK SHARMA

(Name of Contact Person)

at (407) 327-5824

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

11 DEC -7 AM 8:56

SUN RIDGE ASSOCIATION, INC. SECRETARY OF STATE
TALLAHASSEE FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

N05783

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
*(Principal office address **MUST BE A STREET ADDRESS**)*

390 W SR 434

SUITE 203

LONGWOOD FLORIDA 32750

C. Enter new mailing address, if applicable:
*(Mailing address **MAY BE A POST OFFICE BOX**)*

PO BOX 197043

WINTER SPRINGS FL 32719-7043

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

PALMERSTON, LLC

390 W SR.434, STE. 203

New Registered Office Address:

(Florida street address)

LONGWOOD

(City)

, Florida 32750

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------|---|--|
| <u>P</u> | <u>SUSAN TOKLES</u> | <u>549 SUN RIDGE PLACE</u> <u>UNIT 103</u> <u>ALTAMONTE SPRGS. FL 32714</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| <u>V</u> | <u>LINDA DART</u> | <u>543 SUN RIDGE PLACE</u> <u>UNIT 106</u> <u>ALTAMONTE SPGS. FL 32714</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| <u>T</u> | <u>RICK FAIRCHILD, II</u> | <u>543 SUN RIDGE PLACE</u> <u>UNIT 208</u> <u>ALTAMONTE SPGS. FL 32714</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| <u>D</u> | <u>CINDY CLARK</u> | <u>537 SUN RIDGE PLACE</u> <u>UNIT 102</u> <u>ALTAMONTE SPRGS. FL 32714</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| <u>S</u> | <u>GLENN BROWN</u> | <u>537 SUN RIDGE PLACE</u> <u>UNIT 202</u> <u>ALTAMONTE SPGS. FL 32714</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| <u>PD</u> | <u>SUSAN TOKLES</u> | <u>390 W SR 434</u> <u>SUITE 203</u> <u>LONGWOOD FL 32750</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>VPD</u> | <u>LINDA DART</u> | <u>390 W SR 434</u> <u>SUITE 203</u> <u>LONGWOOD FL 32750</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>SD</u> | <u>GLENN BROWN</u> | <u>390 W SR 434</u> <u>SUITE 203</u> <u>LONGWOOD FL 32750</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>TD</u> | <u>DONALD DITTRICH</u> | <u>390 W SR 434</u> <u>SUITE 203</u> <u>LONGWOOD FL 32750</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

NA

The date of each amendment(s) adoption: ~~NA~~ 09/10/11
(date of adoption is required)

Effective date if applicable: NA
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 10/12/2011

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

LINDA DART

(Typed or printed name of person signing)

VICE PRESIDENT DIRECTOR

(Title of person signing)