

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90159 019 \*\*\*\*61.25

**DOCUMENT # N05783**

1. Entity Name  
**SUN RIDGE ASSOCIATION, INC.**



Principal Place of Business  
**602 E CHURCH ST  
ORLANDO FL 32801  
US**

Mailing Address  
**602 E CHURCH ST  
ORLANDO FL 32801  
US**



**XX**CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**120 E. Colonial DR.**  
Suite, Apt. #, etc.

3. Mailing Address  
**120 E. Colonial DR.**  
Suite, Apt. #, etc.

City & State  
**Orlando, FL 32801**

City & State  
**Orlando, FL 32801**

Zip Country  
**32801 USA**

Zip Country  
**32801 USA**

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 CAPTIAL  
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 \_\_\_\_\_  
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**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GELM, ROBERT 543 SUN RIDGE PALCE #105 ALTAMONTE SPRINGS FL 32714</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD PACE, JOANNE 7417-CENTAURI RD JACKSONVILLE FL 32210</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T NAU, RICHARD PO BOX 1561 SANFORD FL 32772-1561</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DART, LINDA 543 SUN RIDGE PLACE #106 ALTAMONTE SPRINGS FL 32714</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Dart, Linda 543 Sun Ridge Place #106 Altamonte Springs, FL 32714</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Lee Magnum 388 Northwestern Ave. Altamonte Springs, FL 32714</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Craig Starkey P.O. Box 1803 Winter Park, FL 32790-1803</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Cindy Clark 537 Sun Ridge Place #102 Altamonte Springs, FL 32714</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED** *3/31/03* 407-872-0209

CR2E037 (10/02)