

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90701 024 ****61.25

DOCUMENT # N00000002166

1. Entity Name

SUNRISE RIDGE OWNERS ASSOCIATION, INC.

Principal Place of Business

**2955 HARTLEY RD. SUITE 108
 JACKSONVILLE FL 32257**

Mailing Address

**2955 HARTLEY RD. SUITE 108
 JACKSONVILLE FL 32257**

2. Principal Place of Business

2215 E State Rd 200

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1987

Suite, Apt. #, etc.

City & State

YULEE FL

City & State

YULEE FL

Zip

32097

Country

US

Zip

32097

Country

US

4. FEI Number

59-3635168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MATOVINA, GREGORY E
 2955 HARTLEY RD, SUITE 108
 JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name **TERRELL J POWELL**

Street Address (P.O. Box Number is Not Acceptable)

2215 E State Rd 200

City **YULEE**

FL

Zip Code **32097**

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.

TERRELL J POWELL

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3.6.02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **MATOVINA, GREGORY E**
 STREET ADDRESS **2955 HARTLEY RD, SUITE 108**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **VTD** ☐ Delete
 NAME **BORSTEIN, DONALD K**
 STREET ADDRESS **2955 HARTLEY RD, SUITE 108**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **SD** ☐ Delete
 NAME **MATOVINA, LESLIE H**
 STREET ADDRESS **2955 HARTLEY RD, SUITE 108**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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: Gregory E. Matovina Pres. 1/10/02 904-2259070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)