

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90168 012 *****70.00

DOCUMENT # N00000002166 1. Entity Name SUNRISE RIDGE OWNERS ASSOCIATION, INC.					
Principal Place of Business 2581 SUNRISE RIDGE LN. JACKSONVILLE, FL 32211-4377			Mailing Address 2581 SUNRISE RIDGE LN. JACKSONVILLE, FL 32211-4377		
2. Principal Place of Business 2534 Sunrise Ridge Ln		3. Mailing Address P.O. Box 15117			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04142005 Chg-NP CR2E037 (10/03)	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 59-3635168	
Zip 32211		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32239		Country US		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOTE, RICHARD 2581 SUNRISE RIDGE LANE JACKSONVILLE, FL 32211-4377			7. Name and Address of New Registered Agent Name CHARMAINE McQUEEN Street Address (P.O. Box Number is Not Acceptable) 2534 SUNRISE RIDGE LANE City JACKSONVILLE FL Zip Code 32211		
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. CHARMAINE McQUEEN SIGNATURE 4-19-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOTE, RICHARD 2581 SUNRISE RIDGE LANE JACKSONVILLE, FL 322114377	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD/TO McQUEEN, CHARMAINE 2534 SUNRISE RIDGE LN JACKSONVILLE, FL 32211-14377	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCQUEEN, CHARMAINE 2534 SUNRISE RIDGE LANE JACKSONVILLE, FL 32211	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, ERIC 2502 SUNRISE RIDGE LN JACKSONVILLE, FL 32211-14377	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, ERIC 2502 SUNRISE RIDGE LANE JACKSONVILLE, FL 322114377	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DORSET, JEAN 2615 SUNRISE RIDGE LN JACKSONVILLE, FL 32211-14377	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD ALFORD, ERIC 2569 SUNRISE RIDGE LANE JACKSONVILLE, FL 322114377	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD ALFORD, DEREK 2569 SUNRISE RIDGE LN JACKSONVILLE, FL 32211-14377	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD ROSAMOND, MICHAEL 2565 SUNRISE RIDGE LANE JACKSONVILLE, FL 322114377	<input checked="" type="checkbox"/> Delete	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"/> Delete	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:			4-19-05 905-4208 <small>Date Daytime Phone #</small>		