2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000002166

1. Entity Name
SUNRISE RIDGE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2502 SUN RISE RIDGE LANE JACKSONVILLE, FL 32211	P.O. BOX 15117 JACKSONVILLE, FL 32239

DO NOT WRITE IN THIS SPACE

02132008 No Chg-NP   CR2E037 (4/06)

4. FEI Number		Applied For
59-3635168		Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, ERIC
2502 SUN RISE RIDGE LANE
JACKSONVILLE, FL 32211

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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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

U00000878411
04/14/08-80054-015 61.25

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	BROWN, ERIC
STREET ADDRESS	2502 SUNRISE RIDGE LN
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	SD
NAME	ALFORD, DEREK
STREET ADDRESS	2569 SUNRISE RIDGE LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	VTD
NAME	RAMOND, RIVERA
STREET ADDRESS	2602 SUNRISE RDGE LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

VTD

SIGNATURE: _Ramon Rivera_ RAMON Rivera 3/26/2008 (904) 894 4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #