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 above, or on an attachment with all other like empowered.

SIGNATURE: KRISTOFFER REED

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail : Title PRESIDENT Title VP REED, KRISTOFFER Name Name DELANEY, MICHAEL 2621 SUNRISE RIDGE LANE Address 2631 SUNRISE RIDGE LANE Address City-State-Zip: JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 City-State-Zip: Title SECRETARY

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.

2621 SUNRISE RIDGE LANE JACKSONVILLE, FL 32211 US

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000002166

Entity Name: SUNRISE RIDGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2621 SUNRISE RIDGE LANE JACKSONVILLE, FL 32211

Current Mailing Address:

P.O. BOX 8783 JACKSONVILLE, FL 32239 US

FEI Number: 59-3635168

Name and Address of Current Registered Agent:

JACKSONVILLE FL 32211

Electronic Signature of Registered Agent

REED, KRISTOFFER

SIGNATURE:

Name

City-State-Zip:

CORRALES, OLMES Address 2610 SUNRISE RIDGE LANE

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

PRESIDENT

03/14/2018

Date

FILED Mar 14, 2018 Secretary of State CC0761491048

Certificate of Status Desired: No

Date