# 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 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: RICHARD MOTE

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# N0000002166

Entity Name: SUNRISE RIDGE OWNERS ASSOCIATION, INC.

#### **Current Principal Place of Business:**

2581 SUNRISE RIDGE LANE JACKSONVILLE, FL 32211

#### **Current Mailing Address:**

P.O. BOX 8783 JACKSONVILLE, FL 32239

## FEI Number: 59-3635168

# Name and Address of Current Registered Agent:

MOTE, RICHARD A 2581 SUNRISE RIDGE LANE JACKSONVILLE, FL 32211 US

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.

#### SIGNATURE:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	PD	Title	VP
Name	MOTE, RICHARD A	Name	BEN, TABITHA
Address	2581 SUNRISE RIDGE LANE	Address	2575 SUNRISE RIDGE LANE
City-State-Zip:	JACKSONVILLE FL 32211	City-State-Zip:	JACKSONVILLE FL 32211

PRESIDENT

Date

02/12/2014

# FILED Feb 12, 2014 Secretary of State CC9966071844

Certificate of Status Desired: No

Date