

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005227

**FILED**  
**Apr 20, 2015**  
**Secretary of State**  
**CC0165533624**

**Entity Name:** SUSSEX AT KINGS RIDGE NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

6972 LAKE GLORIA BLVD.  
ORLANDO, FL 32809

**Current Mailing Address:**

6972 LAKE GLORIA BLVD.  
ORLANDO, FL 32809

**FEI Number: 59-3695904**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LELAND MANAGEMENT  
6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VPD  
Name QUINN, LARRY  
Address 4142 CAPLAND AVE  
City-State-Zip: CLERMONT FL 34711

Title PD  
Name CHILES, DARRELL  
Address 4000 CAPLAND AVE  
City-State-Zip: CLERMONT FL 34711

Title SD  
Name HICKS, JIM  
Address 3548 CAPLAND AVE  
City-State-Zip: CLERMONT FL 34711

Title TD  
Name LA ROCCA, MARIA  
Address 4146 CAPLAND AVE  
City-State-Zip: CLERMONT FL 34711

Title D  
Name DRAKE, CANDACE B  
Address 4123 CAPLAND AVE  
City-State-Zip: CLERMONT FL 34711

*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: DARRELL CHILES**

**PRESIDENT**

**04/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date