

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05783

**FILED**  
**Mar 10, 2020**  
**Secretary of State**  
**9769210057CC**

**Entity Name:** SUN RIDGE ASSOCIATION, INC.

**Current Principal Place of Business:**

1320 N. SEMORAN BLVD. STE. 100  
ORLANDO, FL 32807

**Current Mailing Address:**

1320 N. SEMORAN BLVD. STE. 100  
ORLANDO, FL 32807 US

**FEI Number:** 59-2596460

**Certificate of Status Desired:** No

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

TOWERS PROPERTY MANAGEMENT, INC.  
1320 N. SEMORAN BLVD. STE. 100  
ORLANDO, FL 32807 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:** BENJAMIN ISIP

03/10/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name TOKLES, SUSAN  
Address 1320 N. SEMORAN BLVD. STE. 100  
City-State-Zip: ORLANDO FL 32807

Title VPD  
Name DART, LINDA  
Address 1320 N. SEMORAN BLVD. STE. 100  
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR  
Name SHONTZ, ROBERT  
Address 1320 N. SEMORAN BLVD. STE. 100  
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR  
Name MORIARTY, MARC  
Address 1320 N. SEMORAN BLVD. STE. 100  
City-State-Zip: ORLANDO FL 32807

Title TREASURER  
Name TOKLES, MICHAEL  
Address 1320 N. SEMORAN BLVD. STE. 100  
City-State-Zip: ORLANDO FL 32807

*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:** SUSAN TOKLES

**PRESIDENT**

03/10/2020

Electronic Signature of Signing Officer/Director Detail

Date