2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 761470

1. Entity Name
SUNRIDGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
929 SUNRIDGE DRIVE SARASOTA, FL 34234	C/O C&S CONDO MGT 4301 32ND ST STE A-19 BRADENTON, FL 34205

DO NOT WRITE IN THIS SPACE

01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2566082

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KOLLIATH, JULIE
CTS CONDO MGT SERVICE
4301 32ND ST W STE A-19
BRADENTON, FL 34205

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

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02/27/06-80012-009 42.72

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCLURE, RACHEL
STREET ADDRESS	954 SUNRIDGE DR W
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	DVP
NAME	KAPLAN, LISA
STREET ADDRESS	896 SUNRIDGE DR W
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	TD
NAME	WAGNER, BONNIE
STREET ADDRESS	919 SUNRIDGE DR
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	D
NAME	COLTON, DIANE
STREET ADDRESS	904 SUNRIDGE DR
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	PD
NAME	ROBINSON, JERRY
STREET ADDRESS	902 DUNRIDGE DR
CITY-ST-ZIP	SARASOTA, FL 34234
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.

SIGNATURE: Jerry Robinson JERRY ROBINSON 02-07-06 351-1221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #