2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767753

FILED Mar 24, 2009 Secretary of State

Entity Name: SUN AIR CONDOMINIUM OWNERS ASSOCIATION, INC.

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Current Principal Place of Business:			New Princi	New Principal Place of Business:	
5000 WATH CONDO'S A HAINES CI		US			
Current Mailing Address:			New Mailir	New Mailing Address:	
	SS RUN OLF COMMINIT TY, FL 33844	Y US			
FEI Number:	59-2273484	FEI Number Applied For ()	El Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
BERG, HERB ADMIN. 13 CYPRESS RUN SUN AIR GOLF COMMUNITY HAINES CITY, FL 33844 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	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () DO BAYS, WARREN 5000 WATKINS R HAINES CITY, FL	D CONDO A-4	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () DO ELLIOTT, DUANE 5000 WATKINS R HAINES CITY, FL	D - CONDO A-1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () DO CLARK, BYRON 5000 WATKINS R HAINES CITY, FL	D - CONDO C-1	Title: Name: Address: City-St-Zip:	DV (X) Change () Addition LEE, LAURIE 5000 WATKINS RD - CONDO B-5 HAINES CITY, FL 33844	
Title: Name: Address: City-St-Zip:	DT () DO BAKER, ELAINE 5000 WATKINS R HAINES CITY, FL	D CONDO C-2	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DO LEE, LAURIE 11302 LOCH LOW RIVERVIEW, FL	IAND DR	Title: Name: Address: City-St-Zip:	D (X) Change () Addition ROHRER, LEIGH 5000 WATKINS RO CONDO C-4 HAINES CITY, FL 33844	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WARREN BAYS DP 03/24/2009