

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # 769458**

1. Entity Name  
**SUN LAKE ESTATES HOMEOWNERS ASSOCIATION,  
INC.**



Principal Place of Business  
**5600 N US HIGHWAY 1  
COCOA, FL 32927**

Mailing Address  
**PO BOX 430  
SHARPES, FL 32959**



02012006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2593278**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**TERNY, THAD A  
5600 N. US 1  
COCOA, FL 32927**

**DO NOT WRITE  
IN THIS SPACE**

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

*Thad A. Terry*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4-25-06*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PDS
NAME	TERRY, THAD A
STREET ADDRESS	5600 N. US 1
CITY-ST-ZIP	COCOA, FL 32927
TITLE	D
NAME	TERRY, THAD A JR
STREET ADDRESS	5600 N. US 1
CITY-ST-ZIP	COCOA, FL 32927
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000549106  
05/13/06-80006-015 70.00

**DO NOT WRITE  
IN THIS SPACE**

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 affidavit with all other like empowered.

**SIGNATURE:**

*Thad A. Terry* PDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-25-06*

Date

*(321) 631-8440*

Daytime Phone #