

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90254 045 ****61.25

DOCUMENT # N00000000026 1. Entity Name SUNSET RIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 540744 MERRITT ISLAND, FL 32954-0744 US			Mailing Address PO BOX 540744 MERRITT ISLAND, FL 32954-0744 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3632270	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARKEY & FOWLER, P.A. 410 W. MERRITT AVE. MERRITT ISLAND, FL 32953			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLURE, CHARLES		NAME	CALERO, JUAN	
STREET ADDRESS	1128 DUSK VIEW DR		STREET ADDRESS	1145 DUSK VIEW DR	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, JOSEPH MEL		NAME	KRUSE, MICHAEL	
STREET ADDRESS	1128 DUSK VIEW DR		STREET ADDRESS	1141 DUSK VIEW DR	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, CINDY		NAME	CALVERT, JOHN	
STREET ADDRESS	DUSKVIEW DR.		STREET ADDRESS	32.37 ECLIPSE CT	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUSE, MICHAEL		NAME	GEORGE, CHRIS	
STREET ADDRESS	1141 DUSK VIEW DR		STREET ADDRESS	1109 DUSK VIEW DR	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		JOHN H. CALVERT		4/18/05 321-867-6081	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	