
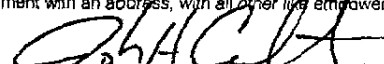


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent MARKEY & FOWLER, P.A. 410 W. MERRITT AVE. MERRITT ISLAND, FL 32953		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALERO, JUAN 1145 DUSK VIEW DR MERRITT ISLAND, FL 32952		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRUSE, MICHAEL 1141 DUSK VIEW DR MERRITT ISLAND, FL 32952		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CALVERT, JOHN 3237 ECLIPSE CT MERRITT ISLAND, FL 32952		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEORGE, CHRIS 1109 DUSK VIEW DR MERRITT ISLAND, FL 32952		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		
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:  JOHN H. CALVERT, TREASURER 4/11/06 321-452-7823 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			



03072006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-3632270** Applied For ☐ Not Applicable ☒

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

U00000497354
04/22/06-80049-018 61.25