

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000026

FILED  
Mar 02, 2007  
Secretary of State

**Entity Name:** SUNSET RIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 540744  
MERRITT ISLAND, FL 329540744 US

**New Principal Place of Business:**

1100 DUSK VIEW DR  
MERRITT ISLAND, FL 329540744 US

**Current Mailing Address:**

PO BOX 540744  
MERRITT ISLAND, FL 329540744 US

**New Mailing Address:**

**FEI Number:** 59-3632270      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARKEY & FOWLER, P.A.  
410 W. MERRITT AVE.  
MERRITT ISLAND, FL 32953 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: CALERO, JUAN  
Address: 1145 DUSK VIEW DR  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VD ( ) Delete  
Name: KRUSE, MICHAEL  
Address: 1141 DUSK VIEW DR  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD ( ) Delete  
Name: CALVERT, JOHN  
Address: 3237 ECLIPSE CT  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S (X) Delete  
Name: GEORGE, CHRIS  
Address: 1109 DUSK VIEW DR  
City-St-Zip: MERRITT ISLAND, FL 32952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: BAUMAN, KYLE A  
Address: 1105 DUSK VIEW DR  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VD (X) Change ( ) Addition  
Name: GRACIA, ALVARO JR  
Address: 1144 DUSK VIEW DR  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD (X) Change ( ) Addition  
Name: CALERO, DIANA M  
Address: 1145 DUSK VIEW DR  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KYLE A BAUMAN

PSD

03/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date