

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000026

FILED  
Mar 13, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1105 DUSK VIEW DR.  
MERRITT ISLAND, FL 32952 US

**New Principal Place of Business:**

1132 DUSK VIEW DR.  
MERRITT ISLAND, FL 32952 US

**Current Mailing Address:**

PO BOX 540744  
MERRITT ISLAND, FL 32954 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:**

CALERO, JUAN P MR.  
1145 DUSK VIEW DR.  
MERRITT ISLAND, FL 32952 US

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

LANG, CYNTHIA S MRS.  
1128 DUSK VIEW DR.  
MERRITT ISLAND, FL 32952 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: CYNTHIA S, LANG

03/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: VD ( ) Delete  
Name: PATTERSON, JOANNE  
Address: 1132 DUSK VIEW DR.  
City-St-Zip: MERRITT ISLAND, FL 32952

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

Title: SD (X) Delete  
Name: POPE, TAMARA  
Address: 1129 DUSK VIEW DR.  
City-St-Zip: MERRITT ISLAND, FL 32952

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

Title: PSD (X) Change ( ) Addition  
Name: PATTERSON, JOANNE  
Address: 1132 DUSK VIEW DR  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VD (X) Change ( ) Addition  
Name: POPE, TAMARA  
Address: 1129 DUSK VIEW DR.  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD (X) Change ( ) Addition  
Name: LANG, CYNTHIA S  
Address: 1128 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 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: CYNTHIA S LANG

TD

03/13/2009

Electronic Signature of Signing Officer or Director

Date