

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90021 046 \*\*\*\*61.25

DOCUMENT # N01060			
1. Entity Name SUNRIDGE II ASSOCIATION, INC.			
Principal Place of Business 4301 32ND ST W, #A20 BRADENTON, FL 34203		Mailing Address 4301 32ND ST W, #A20 BRADENTON, FL 34203 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>4672 Fruitville Rd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Sarasota, FL</i>	
Zip	Country	Zip <i>34232</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C&S CONDO MGMT 4301 32ND ST W, #A20 BRADENTON, FL 34205		Name Street Address (P.O. Box Number is Not Acceptable) <i>4672 Fruitville Rd</i> City <b>FL</b> Zip Code	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>2/11/08</i> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD BARTON, DOROTHY 6470 MORNING SIDE DR. BRADENTON, FL 34210	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE	PD MURPHY, FREDERIC 959 SUNRIDGE DR SARASOTA, FL 34234	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD LANE, LEE ANN 967 SUNRIDGE DRIVE SARASOTA, FL 34234	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: <i>3-31-8</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	

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4. FEI Number NOT APPLICABLE Applied For Not Applicable

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