2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004890

Entity Name: SUNSET RIDGE HOA, INC.

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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107 N. LINE DR.

APOPKA, FL 32703 US

Current Mailing Address: New Mailing Address:

107 N. LINE DR

APOPKA, FL 32703 US

FEI Number: 02-0623192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SUTHERLAND, THERESA D 107 N. LINE DR. APOPKA, FL 32703 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:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 BAILEY, LINDA
 Name:
 OTERO, WILBERTO

 Address:
 550 COTSWOLD CIRCLE
 Address:
 632 COTSWOLD CIRCLE

 City-St-Zip:
 DAVENPORT, FL 33837 US
 DAVENPORT, FL 33837 US

Title: VD () Delete Title: STD (X) Change () Addition Name: HOFFNER, JASON Name: WHITE, DENNIS

 Address:
 142 COTSWOLD CIRCLE
 Address:
 267 SAHALLI COURT

 City-St-Zip:
 DAVENPORT, FL 33837 US
 City-St-Zip:
 DAVENPORT, FL 33837 US

Title: STD () Delete Title: D (X) Change () Addition Name: WHITE, DENNIS Name: AGUILAR, CHARLES

Address: 267 SAHALLI COURT Address: Address: 442 GRAYSTONE BOULEVARD
City-St-Zip: DAVENPORT, FL 33837 US
City-St-Zip: DAVENPORT, FL 33837 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 PEACH, DENNIS
 Name:
 PEACH, MIKE

 Address:
 259 SUNSET VIEW DR.
 Address:
 259 SUNSET VIEW DR.

 City-St-Zip:
 DAVENPORT, FL 33837 US
 City-St-Zip:
 DAVENPORT, FL 33837 US

Title: D (X) Delete Title: () Change () Addition

 Name:
 AGUILAR, CHARLES
 Name:

 Address:
 442 GRAYSTONE BLVD
 Address:

 City-St-Zip:
 DAVENPORT, FL 33837 US
 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: WILBERTO OTERO PD 04/10/2009