

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90063 030 ***150.00

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1. Entity Name
SUN RAY MAR TOWNHOMES HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business
1220 SE 4TH CT
DEERFIELD BEACH, FL 33441

Mailing Address
1220 SE 4TH CT
DEERFIELD BEACH, FL 33441

50002997



2. Principal Place of Business
1942 NE 2ND ST
Suite, Apt. #, etc.

3. Mailing Address
1942 NE 2ND ST
Suite, Apt. #, etc.

01102005 Chg-NP CR2E037 (10/03)

City & State
Deerfield Bch FL
Zip
33441
Country
USA

City & State
Deerfield Bch FL
Zip
33441
Country
USA

4. FEI Number
05-0599281
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
~~GABRIEL, ALAN L~~
KATZ BARRON SQUITERO FAUST
100 N.E. 3RD AVENUE, SUITE 280
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent
Name
EILEEN M CLARK
Street Address (P.O. Box Number is Not Acceptable)
1942 NE 2ND Street
City
Deerfield Bch FL Zip Code
33441

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 Eileen M Clark, President 1/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RTD RICHARD, RAYMOND 1220 SE 4TH CT DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GABRIEL, ALAN L 100 N.E. THIRD AVENUE SUITE 280 FT. LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, KATHLEEN G 100 N.E. THIRD AVENUE SUITE 280 FT. LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President EILEEN M CLARK 1942 NE 2ND Street Deerfield Bch FL 33441 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLEY WARREN 4 WHITE TAIL LANE MONROE NJ 08831 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary EILEEN M CLARK 1942 NE 2ND Street Deerfield Bch FL 33441 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Eileen M Clark 1/14/05 954-461-7161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EILEEN M CLARK, President.