


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90097 013 ****61.25

DOCUMENT # N03000010871					
1. Entity Name SUN RAY MAR TOWNHOMES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1942 NE 2ND ST DEERFIELD BEACH, FL 33441			Mailing Address 1942 NE 2ND ST DEERFIELD BEACH, FL 33441		
2. Principal Place of Business 1944 NE 2nd St.		3. Mailing Address 4 White Tail Ln.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Deerfield Beach, FL		City & State Monroe Twp, NJ		4. FEI Number 05-0599281	
Zip 33441		Country USA		Applied For Not Applicable	
Zip 08831		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, ELLEN M 1942 NE 2ND STREET DEERFIELD BEACH, FL 33441			7. Name and Address of New Registered Agent Name: Kelly Oliver Street Address (P.O. Box Number is Not Acceptable): 1944 NE 2nd St. City: Deerfield Beach, 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: <u>Kelly Oliver</u> DATE: <u>2/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME CLARK, ELLEN M STREET ADDRESS 1942 NE 2ND STREET CITY-ST-ZIP DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete		TITLE P NAME Jeff Nissley STREET ADDRESS 1948 NE 2nd St. CITY-ST-ZIP Deerfield Bch, FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME WARREN, KELLEY STREET ADDRESS 4 WHITE TAIL LANE CITY-ST-ZIP MONROE, NJ 08831	<input checked="" type="checkbox"/> Delete		TITLE V/T NAME Kelly Oliver STREET ADDRESS 4 White Tail Ln. CITY-ST-ZIP Monroe Twp, NJ 08831	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME CLARK, ELLEN M STREET ADDRESS 1942 NE 2ND STREET CITY-ST-ZIP DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete		TITLE S NAME Francesca Casano STREET ADDRESS 17 Angelica Ct. CITY-ST-ZIP Princeton, NJ 08540	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 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: <u>Kelly Oliver (Kelly Oliver)</u> , <u>2/26/06</u> , <u>609-443-6469</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					