

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000010871

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



Principal Place of Business
1944 NE 2ND ST
DEERFIELD BEACH, FL 33441

Mailing Address
4 WHITE TAIL LN
MONROE TOWNSHIP, NJ 08831

DO NOT WRITE IN THIS SPACE



01292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 05-0599281	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

OLIVER, KELLY
1944 NE 2ND ST
DEERFIELD BEACH, FL 33441

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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 _____ Sign in ink, type or print name of registered agent and title. (NOTE: Registered Agent signature required when changing) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2007

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

000000625290
02/14/07-80069-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NISSLEY, JEFF
STREET ADDRESS	1948 NE 2ND ST
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441
TITLE	VT
NAME	OLIVER, KELLY
STREET ADDRESS	4 WHITE TAIL LN
CITY - ST - ZIP	MONROE TOWNSHIP, NJ 08831
TITLE	S
NAME	FRANCESCA, LASANO
STREET ADDRESS	17 ANGELICA CT
CITY - ST - ZIP	PRINCETON, NJ 08540
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE

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 I've empowered.

SIGNATURE: Kelly Oliver **Kelly Oliver** **1-29-07** **609-443-6469**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE OF FILING