

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 9: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N14649 (0)**

1. Corporation Name  
**SUNRAY ACRES OWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**% JONATHAN VOWELL  
4542 SUNRAY ROAD S.  
TALLAHASSEE FL 32311-9721**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/29/1986** 3a. Date of Last Report **03/02/1994**  
4. FEI Number **59-2434656** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **% James Collier** 26 **% James Collier**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **4529 Jasper Ct.** 27 **4529 Jasper Ct.**  
City & State City & State  
23 **Tallahassee FL** 28 **Tallahassee, FLA,**  
Zip Country Zip Country  
24 **32311** 25 **Leon** 29 **32311** 30 **Leon**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**VOWELL, JONATHAN  
4542 SUNRAY ROAD SOUTH  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name **James Collier**  
82 Street Address (P.O. Box Number is Not Acceptable) **4529 Jasper Ct.**  
83  
84 City **Tallahassee FL** 85 Zip Code **32311**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE James Donald Collier DATE 4/24/95  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                 |                          |
|-----------------|--------------------------|
| TITLE           | <b>PD</b>                |
| NAME            | <b>VOWELL, JONATHAN</b>  |
| STREET ADDRESS  | <b>4542 SUNRAY SOUTH</b> |
| CITY - ST - ZIP | <b>TALLAHASSEE FL</b>    |
| TITLE           | <b>TD</b>                |
| NAME            | <b>COLLIER, JIM</b>      |
| STREET ADDRESS  | <b>4529 JASPER CT</b>    |
| CITY - ST - ZIP | <b>TALLAHASSEE FL</b>    |
| TITLE           | <b>VD</b>                |
| NAME            | <b>MCCLUSKEY, THOMAS</b> |
| STREET ADDRESS  | <b>1564 CHRESTVIEW</b>   |
| CITY - ST - ZIP | <b>TALLAHASSEE FL</b>    |
| TITLE           | <b>SD</b>                |
| NAME            | <b>PEACOCK, RALPH</b>    |
| STREET ADDRESS  | <b>RT 2 BOX 418</b>      |
| CITY - ST - ZIP | <b>HAVANA FL</b>         |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                              |  |
|---------------------|------------------------------|--|
| 1.1 TITLE           | <b>PP</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>Cecil Walker</b>          |  |
| 1.3 STREET ADDRESS  | <b>16976 Norris Bend</b>     |  |
| 1.4 CITY - ST - ZIP | <b>Tallahassee FLA 32311</b> | <b>Till JUNE 1, 1995</b>   |
| 2.1 TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                              |  |
| 2.3 STREET ADDRESS  |                              |  |
| 2.4 CITY - ST - ZIP |                              |  |
| 3.1 TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                              |  |
| 3.3 STREET ADDRESS  |                              |  |
| 3.4 CITY - ST - ZIP |                              |  |
| 4.1 TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                              |  |
| 4.3 STREET ADDRESS  |                              |  |
| 4.4 CITY - ST - ZIP |                              |  |
| 5.1 TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                              |  |
| 5.3 STREET ADDRESS  |                              |  |
| 5.4 CITY - ST - ZIP |                              |  |
| 6.1 TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                              |  |
| 6.3 STREET ADDRESS  |                              |  |
| 6.4 CITY - ST - ZIP |                              |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Donald Collier DATE 4/26/95 904-894-1307  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Last)