

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N14649 (0)

1. Corporation Name

SUNRAY ACRES OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% COLLIER, JAMES
4529 JASPER CT.
TALLAHASSEE FL 32311
US

% COLLIER, JAMES
4529 JASPER CT.
TALLAHASSEE FL 32311
US

3. Date Incorporated or Qualified
04/29/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-2434656

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLIER, JAMES
4529 JASPER CT.
TALLAHASSEE FL 32311**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | WALKER, CECIL K | |
| STREET ADDRESS | 16970 NORRIS BEND TILL | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | COLLIER, JIM | |
| STREET ADDRESS | 4529 JASPER CT | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | MCCLUSKEY, THOMAS | |
| STREET ADDRESS | 1564 CHRESTVIEW | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | PEACOCK, RALPH | |
| STREET ADDRESS | RT 2 BOX 418 | |
| CITY-ST-ZIP | HAVANA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | FRANK STONE | |
| 1.3 STREET ADDRESS | 4550 SUNRAY RD. | |
| 1.4 CITY-ST-ZIP | TALLAHASSEE FL 32311 | |
| 2.1 TITLE | TR | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | JIM COLLIER | |
| 2.3 STREET ADDRESS | 4529 JASPER CT. | |
| 2.4 CITY-ST-ZIP | TALL, FL 32311 | |
| 3.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | CHUCK ZIMMERMAN | |
| 3.3 STREET ADDRESS | 16983 NORRIS BEND | |
| 3.4 CITY-ST-ZIP | TALLAHASSEE FL 32311 | |
| 4.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | ROY WADDEL | |
| 4.3 STREET ADDRESS | 4554 JASPER COURT | |
| 4.4 CITY-ST-ZIP | TALLAHASSEE FL 32311 | |
| 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK STONE

3/15/96

Date

(904) 887-7779

Daytime Phone

CR2E037 (12/95)