

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 04/17/1996 |
|--|--|

| | |
|--------------------------------------|--------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Sunray Acres Owners Assoc. | 26 Sunray Acres Owners Assoc. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 PO Box 612 | 27 PO Box 612 |
| City & State | City & State |
| 23 Monticello FL | 28 Monticello, FL |
| Zip | Zip |
| 24 32345 | 29 32345 |
| Country | Country |
| 25 US | 30 U.S. |

| | |
|---|--|
| 4. FEI Number 59-2434656 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| |
|---|
| 9. Name and Address of Current Registered Agent |
| COLLIER, JAMES 4529 JASPER CT. TALLAHASSEE FL 32311 |

| |
|--|
| 10. Name and Address of New Registered Agent |
| 81 Name Kenneth Leggett |
| 82 Street Address (P.O. Box Number is Not Acceptable) 16985 Chuck's Place W. |
| 83 |
| 84 City Tallahassee FL 85 Zip Code 32311 |

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 *Kenneth Leggett* **Kenneth Leggett** Secretary/Treasurer **2-19-97**
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 | NAME |
| PD | FRANK STONE |
| STREET ADDRESS | 4550 SUNRAY RD |
| CITY - ST - ZIP | TALLAHASSEE FL |
| TITLE | NAME |
| TD | COLLIER, JIM |
| STREET ADDRESS | 4529 JASPER CT |
| CITY - ST - ZIP | TALLAHASSEE FL |
| TITLE | NAME |
| VD | CHUCK ZIMMERMAN |
| STREET ADDRESS | 18983 NORRIS BEND |
| CITY - ST - ZIP | TALLAHASSEE FL |
| TITLE | NAME |
| SD | ROY WADDEL |
| STREET ADDRESS | 4554 JASPER COURT |
| CITY - ST - ZIP | TALLAHASSEE FL |
| TITLE | NAME |
| TR | JIM COLLIER |
| STREET ADDRESS | 4529 JASPER ST |
| CITY - ST - ZIP | TALLAHASSEE FL |
| TITLE | NAME |
| | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|------------------------|
| 1.1 TITLE | 1.2 NAME |
| | SD; TD |
| 1.3 STREET ADDRESS | 16985 Chuck's Place W. |
| 1.4 CITY - ST - ZIP | Tallahassee FL 32311 |
| 2.1 TITLE | 2.2 NAME |
| | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | 3.2 NAME |
| | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | 4.2 NAME |
| | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | 5.2 NAME |
| | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | 6.2 NAME |
| | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do 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 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: *Kenneth Leggett* **Kenneth Leggett** **2-19-97** **904-681-5186**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076764

CR2E037 (9/96)