

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 % COLLIER, JAMES 4529 JASPER CT. TALLAHASSEE FL 32311 US	Mailing Address % 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 21 Sunray Acres Owners Assoc. Suite, Apt. #, etc.	2a. Mailing Address 26 Sunray Acres Owners Assoc. Suite, Apt. #, etc.
22 PO Box 612 City & State	27 PO, Box 612 City & State
23 Monticello FL Zip Country	28 Monticello, FL Zip Country
24 323 45 25 US	29 32345 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	PD	<input type="checkbox"/> DELETE
NAME	FRANK STONE	
STREET ADDRESS	4550 SUNRAY RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	COLLIER, JIM	
STREET ADDRESS	4529 JASPER CT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHUCK ZIMMERMAN	
STREET ADDRESS	18983 NORRIS BEND	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROY WADDEL	
STREET ADDRESS	4554 JASPER COURT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	JIM COLLIER	
STREET ADDRESS	4529 JASPER ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD; TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kenneth Leggett	
1.3 STREET ADDRESS	16985 Chuck's Place W.	
1.4 CITY-ST-ZIP	Tallahassee FL, 32311	
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 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 # 0078784

CR2E037 (9/96)