NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE-

Katherine Harris

Secretary of State

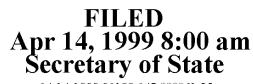
DIVISION OF CORPORATIONS -

DOCUMENT # N14649

SUNRAY ACRES OWNERS' ASSOCIATION, INC.

Principal Place of Business SUNRAY AVES OWNERS ASSOC. Mailing Address

SUNRAY ACRES OWNERS ASSOC.



04-14-1999 90188 047 ****61.25

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US		US				**			
						The state of the s	·		
	lace of Business	2a. Mailin	g Address			 Date incorporated or Qualifed 04/29/1986)		
21		26				4. FEI Number			plied For
Suite, Apl.	#, etc.	— ·	Apt. #, etc.			59-2434656			t Applicable
22		27	<u> </u>			39 2404000		\$8.75 A	
City & State	9	⊢ `	State		- -	5. Certificate of Status Desired		Fee Re	
23		28		Count		6			
Zlp	Country	<u> </u>	1	30	ry	Election Campaign Financing Trust Fund Contribution		\$5.00 Added b	
24	9. Name and Address of Current	29		30]		10. Name and Address of New	Registered A		01000
	s. Name and Address of Current	Kegistered A	Heur		1 Name				
						Joey Kentz			
	KENNETH	•		8		Address (P.O. Box Number is Not Accept	able)		
	UCK'S PLACE WEST	:_		-	456 3	is Juspers Ct.	-10		
TALLAHAS	ISEE FL 32311			•	٦				
	•	•		8	1 1	Tallahussee	FL	85 Zip C	iode ろい
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508	. Florida Statute	s, the abo	ve named	corporation submits this statement for the	purpose of c	nanging its	registered .
office or n	egistered agent, or both, in the State of	f Florida. Such	change was at	thorized b	y the corp	corporation submits this statement for the oration's board of directors. I hereby acce	pt the appoint	ment as reg	jistered
	m ramular with, and accept the obligati	ons or, Secuti	1 6 17.0003, FRJI	ma Statute	15.		4-2	30-9	C_{l}
SIGNATURE	Significate, typed for printed name of registered argent	and title if employed	• (NOTE:	Registered Ac	ent signature o	required when reinstating)	DATE		
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
TILE	PD		DELETE	1.1 TITLE		CO TOO		Change	Addition
NAME	WADDELL, ROY			12 NAM	E	Rentz, Joey 4542 Jaspers Ct. 1	. 1		
STREET ADDRESS	4554 JASPER CT N			1.3 STRE	ET ADDRESS		4		
CITY-ST-ZIP	TALLAHASSEE FL 32311			1,4 CITY	ST-ZIP	Tall Fla. 32311			
TITLE	SDTD		DELETE	21 TITLE				Change	Addition
NAME	LEGGETT, KENNETH		/ -	2.2 NAM	Ē				
STREET ADDRESS	16985 CHUCK'S PLACE WEST			23 STRE	ET ADDRESS	·			
CITY-ST-ZIP	TALLAHASSEE FL			2.4 CITY		•			
TITLE	VD		DELETE	3.1 TITLE				Change	Addition
NAME	SNYDER, TONY			3.2 NAM	=				
STREET ADDRESS	16977 CHUCK'S PLACE W		-	3.3 STRE	ET ADDRESS				
CTTY-ST-ZP	TALLAHASSEE FL 32311			3.4. CITY					
TITLE	TARREST PROCES TO GESTA		DELETE	4.1 TITLE				☐ Change	Addition
NAME	•			4.2 NAM					
					ET ADDRESS] *			
STREET ADDRESS					_				
CITY-ST-ZIP			DELETE	4.4 C/TY-				Change	Addition
			tel Dittil	5.7 HILE 5.2 NAME		, -		•	=
NAME	-				Et adoress		•		
STREET ADDRESS	1			5.4 CITY-					
CITY-ST-ZIP			DELETE	5.4 CITY-				Change	Addition
TITLE			☐ NELETE						
NAME				6.2 NAME	='	·			
STREET ADDRESS				6.3 STRE	ET ADORESS				

City-St-ZP

14. I hereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplemental annual report is true and accurdiffer or director of the corporation or the receiver or instee empowered to established to Block 12 or Block 13 if changed, oppn an attachment with an adaptess, with all illed with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information mental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an e receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in