


FILED
Apr 14, 1999 8:00 am
Secretary of State

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

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N14649					
1. Corporation Name SUNRAY ACRES OWNERS' ASSOCIATION, INC.					
Principal Place of Business SUNRAY AVES OWNERS ASSOC. POST OFFICE BOX 612 MONTICELLO FL 32345 US			Mailing Address SUNRAY ACRES OWNERS ASSOC. POST OFFICE BOX 612 MONTICELLO FL 32345 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/29/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2434656	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	Zip
				30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEGGETT, KENNETH 16985 CHUCK'S PLACE WEST TALLAHASSEE FL 32311				81	Name Joey Rentz		
				82	Street Address (P.O. Box Number is Not Acceptable) 4562 Jaspers Ct. N		
				83			
				84	City Tallahassee	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 *Joey Rentz* DATE **4-30-99**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	SDTD		
NAME	WADDELL, ROY			1.2 NAME	Rentz, Joey		
STREET ADDRESS	4554 JASPER CT N			1.3 STREET ADDRESS	4562 Jaspers Ct. N		
CITY-ST-ZIP	TALLAHASSEE FL 32311			1.4 CITY-ST-ZIP	Tall. Fla. 32311		
TITLE	SDTD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE			
NAME	LEGGETT, KENNETH			2.2 NAME			
STREET ADDRESS	16985 CHUCK'S PLACE WEST			2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE			
NAME	SNYDER, TONY			3.2 NAME			
STREET ADDRESS	16977 CHUCK'S PLACE W			3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32311			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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, upon an attachment with an address, with all other like empowered.

SIGNATURE: *Joey Rentz* DATE **4-12-99** DAYTIME PHONE # **850 668-3726**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98