

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14649

1. Entity Name

SUNRAY ACRES OWNERS' ASSOCIATION, INC.

FILED
Jul 10, 2000 8:00 am
Secretary of State

05-24-2000 90059 008 ****61.25

Principal Place of Business	Mailing Address
SUNRAY AVES OWNERS ASSOC. POST OFFICE BOX 612 MONTICELLO FL 32345 US	SUNRAY ACRES OWNERS ASSOC. POST OFFICE BOX 612 MONTICELLO FL 32345-0612 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-2434656	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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RENTZ, JOEY 4582 JASPER CT N. TALLAHASSEE FL 32311	Name	Melissa Helmenstine
	Street Address (P.O. Box Number is Not Acceptable)	4590 Sunray Road South
	City	Tallahassee
	State	FL
	Zip Code	32311

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE	DATE
Melissa Helmenstine	2/28/00

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	President - PD
NAME	WADDELL, ROY	NAME	Dianne Stone
STREET ADDRESS	4554 JASPER CT N	STREET ADDRESS	4550 Sunray Rd South
CITY-ST-ZIP	TALLAHASSEE FL 32311	CITY-ST-ZIP	Tallahassee, FL 32311
TITLE	VD	TITLE	
NAME	SNYDER, TONY	NAME	
STREET ADDRESS	16977 CHUCK'S PLACE W	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	CITY-ST-ZIP	
TITLE	SDTD	TITLE	Secretary/Treasurer - SDTD
NAME	RENTZ, JOEY	NAME	Melissa Helmenstine
STREET ADDRESS	4582 JASPERS CT. N	STREET ADDRESS	4590 Sunray Road South
CITY-ST-ZIP	TALLAHASSEE FL 32311	CITY-ST-ZIP	Tallahassee, FL 32311
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	DATE	DAYTIME PHONE #
Melissa Helmenstine	2/28/00	(850) 894 2840

CR2E037 (9/99)