

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N14649**

1. Entity Name

SUNRAY ACRES OWNERS' ASSOCIATION, INC.**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90137 019 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2434656

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HELMENSTINE, MELISSA
4590 SUNRAY ROAD SOUTH
TALLAHASSEE FL 32311**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **PD Stone** ☐ Delete
STREET ADDRESS **STEVE, DIANNE**
CITY-ST-ZIP **4550 SUNRAY RD SOUTH
TALLAHASSEE FL 32311**TITLE
NAME **PD** ☒ Change ☐ Addition
STREET ADDRESS **STONE, DIANNE**
CITY-ST-ZIPTITLE
NAME **VD** ☐ Delete
STREET ADDRESS **SNYDER, TONY**
CITY-ST-ZIP **16977 CHUCK'S PLACE W
TALLAHASSEE FL 32311**TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME **SDTD** ☐ Delete
STREET ADDRESS **HELMENSTINE, MELISSA**
CITY-ST-ZIP **4590 SUNRAY ROAD SOUTH
TALLAHASSEE FL 32311**TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)