

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14649

1. Entity Name

SUNRAY ACRES OWNERS' ASSOCIATION, INC.

FILED

May 20, 2002 8:00 am
Secretary of State

05-20-2002 90098 022 ****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.

Post Office Box 354

Suite, Apt. #, etc.

Post Office Box 354

City & State

Lloyd FL

City & State

Lloyd FL

Zip

32337

Country

Zip

32337

Country

4. FEI Number

59-2434656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

32309

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 PD
NAME STONE, DIANNE
STREET ADDRESS 4550 SUNRAY RD SOUTH
CITY-ST-ZIP TALLAHASSEE FL 32311 ☒ Delete

TITLE P.D.
NAME Waddell, Roy
STREET ADDRESS 4554 Jasper Ct.
CITY-ST-ZIP Tallahassee, FL 32309 ☒ Change ☒ Addition

TITLE VD
NAME SNYDER, TONY
STREET ADDRESS 16977 CHUCK'S PLACE W
CITY-ST-ZIP TALLAHASSEE FL 32311 ☒ Delete

TITLE V.D.
NAME Jordan, Amy
STREET ADDRESS 4511 Jasper Ct.
CITY-ST-ZIP Tallahassee, FL 32309 ☒ Change ☒ Addition

TITLE SDTD
NAME HELMENSTINE, MELISSA
STREET ADDRESS 4590 SUNRAY ROAD SOUTH
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Melissa Helmenstine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 (850) 894 2840

Date

Daytime Phone #

CR2E037 (9/01)