



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90308 001 \*\*\*\*61.25

<b>DOCUMENT # N14649</b> 1. Entity Name <b>SUNRAY ACRES OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>SUNRAY AVES OWNERS ASSOC. POST OFFICE BOX 354 LLOYD, FL 32337 US</b>				Mailing Address <b>SUNRAY AVES OWNERS ASSOC. POST OFFICE BOX 354 LLOYD, FL 32337 US</b>	
2. Principal Place of Business <b>Sunray Acres Owners Assoc</b> Suite, Apt. #, etc. <b>Post Office Box 354</b> City & State <b>Lloyd, FL</b> Zip <b>32337</b>		3. Mailing Address <b>Sunray Acres Owners Assoc.</b> Suite, Apt. #, etc. <b>Post Office Box 354</b> City & State <b>Lloyd, FL</b> Zip <b>32337</b>			
4. FEI Number <b>59-2434656</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>HELMENSTINE-WELCH, MELISSA 4590 SUNRAY ROAD SOUTH TALLAHASSEE, FL 32311</b>			7. Name and Address of New Registered Agent Name <b>Dawn Hamm</b> Street Address (P.O. Box Number is Not Acceptable) <b>4582 Sunray Rd. S.</b> City <b>Tallahassee</b> FL Zip Code <b>32309</b>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <b>Dawn Hamm, SDTD, Dawn Hamm</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>4/28/04</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WADDELL, ROY 4554 JASPER CT TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JORDAN, AMY 4571 JASPER CT TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDTD HELMENSTINE-WELSH, MELISSA 4590 SUNRAY ROAD SOUTH TALLAHASSEE, FL 32311	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Dawn Hamm</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>4/28/04</b>	
DAYTIME PHONE # <b>850-906-9729</b>					