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Jun 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15720 (8)

1. Corporation Name

SUNRIDGE BY THE LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

929 SUNRIDGE DR.
SARASOTA FL 34234

929 SUNRIDGE DR.
SARASOTA FL 34234-2846



3. Date Incorporated or Qualified
07/07/1986

3a. Date of Last Report
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEDMAN, MYRON
3219 DICK WILSON DR
SARASOTA FL 34240

81 Name DAVID GORDON

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

5005 W. LAUREL STREET, ste 206

83

84 City
TAMPA

FL

85 Zip Code
33607

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FRIEDMAN, MYRON
STREET ADDRESS 3219 DICK WILSON DR.
CITY-ST-ZIP SARASOTA FL 34240

1.1 TITLE PD
1.2 NAME CHAYA STARKA
1.3 STREET ADDRESS 5005 W. LAUREL STREET, ste 206
1.4 CITY-ST-ZIP TAMPA, FL 33607

TITLE SD
NAME BORNE, JANE D
STREET ADDRESS 5032-B SNOWSHOE LANE
CITY-ST-ZIP VAIL CO 81657

2.1 TITLE VD
2.2 NAME STEPHEN GREENBERG
2.3 STREET ADDRESS 1284 WELLINGTON STREET
2.4 CITY-ST-ZIP OTTAWA, ONTARIO K1Y 3A9

TITLE VPD
NAME BORNE, ROBERT
STREET ADDRESS 5032-B SNOWSHOE LANE
CITY-ST-ZIP VAIL CO 81657

3.1 TITLE SD
3.2 NAME DAVID GORDON
3.3 STREET ADDRESS 5005 WEST LAUREL STREET, ste 206
3.4 CITY-ST-ZIP TAMPA, FL 33607

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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, or on an attachment with an address.

CR2E037 (9/96)