
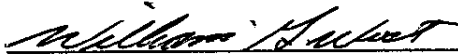


FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90035 040 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N15720					
1. Entity Name SUNRIDGE BY THE LAKE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 929 SUNRIDGE DR. SARASOTA, FL 34234			Mailing Address 4301 32ND STREET WEST SUITE A-19 BRADENTON, FL 34205		
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 NOT APPLICABLE	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KOLLATH, JULIE 4301 32ND ST W SUITE A-19 BRADENTON, FL 34205				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, LISA			NAME	
STREET ADDRESS	896 SUNRIDGE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34234			CITY-ST-ZIP	
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALERNO, BONNIE			NAME	
STREET ADDRESS	874 SUNRIDGE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34234			CITY-ST-ZIP	
TITLE	ST	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNA, KATIE			NAME	
STREET ADDRESS	921 SUNRIDGE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34231			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, BILL			NAME	
STREET ADDRESS	925 SUNRIDGE DR.			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34234			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVINE, PAT			NAME	
STREET ADDRESS	867 SUNRIDGE DR.			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34234			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, LYNN			NAME	
STREET ADDRESS	898 SUNRIDGE DR.			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34234			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: 				2/27/04 941-284-7889	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Day-to Phone #	