

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.  
AMOUNT DUE ON OR BEFORE 8/1/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # N19509 (1)**

1. Corporation Name

**SUN RIDGE ACRES PROPERTY OWNERS ASSOCIATION, INC**

Principal Place of Business

3824 S FLORIDA VE  
LAKELAND FL 33813

Mailing Address

3824 S FLORIDA VE  
LAKELAND FL 33813

**FILED**

1995 JUL 20 AM 10:18

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                   |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>03/03/1987</b>                                                                                                            | 3a. Date of Last Report<br><b>03/08/1994</b>                                       |
| 4. FEI Number<br><b>59-2817222</b>                                                                                                                                | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/>                                                                                           | <b>\$8.75 Additional Fee Required</b>                                              |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                             | <b>\$5.00 May Be Added to Fees</b>                                                 |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status<br><input type="checkbox"/>                                                                                  | <b>FILING FEE IS \$61.25</b>                                                       |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                    |

|                                                                                                                                                            |                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 <b>109 Pearce Road</b><br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 <b>Huburndale</b><br>Zip<br>24 <b>33823</b> | 2a. Mailing Address<br>26 <b>109 Pearce Road</b><br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 <b>Auburndale, FL</b><br>Zip<br>29 <b>33823</b><br>Country<br>30 <b>USA</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                     |                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br><b>HALL W GARVE<br/>3824 S FLORIDA AVE<br/>LAKELAND FL 33813</b> | 10. Name and Address of New Registered Agent<br>81 Name <b>Mary S. Hutchins</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>109 Pearce Road</b><br>83<br>84 City <b>Huburndale</b> FL 85 Zip Code <b>33823</b> |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0506, Florida Statutes.

SIGNATURE Mary S. Hutchins Mary S. Hutchins 7-11-95  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                           |
|----------------------------|--------------------------|-------------------------------------------------------|---------------------------|
| TITLE                      | PD                       | 1.1 TITLE                                             | PD                        |
| NAME                       | DICKES, BYRAM E.         | 1.2 NAME                                              | Thomas Ray Barger         |
| STREET ADDRESS             | 100 SOUTH WACKER DR#1140 | 1.3 STREET ADDRESS                                    | 106 Sunny Lane            |
| CITY - ST - ZIP            | CHICAGO IL               | 1.4 CITY - ST - ZIP                                   | Auburndale, FL 33823-9311 |
| TITLE                      | STD                      | 2.1 TITLE                                             | VD                        |
| NAME                       | HALL, W. GARVE           | 2.2 NAME                                              | James Stephens            |
| STREET ADDRESS             | 3824 SOUTH FLORIDA AVE.  | 2.3 STREET ADDRESS                                    | 108 Pearce Road           |
| CITY - ST - ZIP            | LAKELAND FL              | 2.4 CITY - ST - ZIP                                   | Auburndale, FL 33823      |
| TITLE                      | D                        | 3.1 TITLE                                             | SD                        |
| NAME                       | CHEEK, DONALD L          | 3.2 NAME                                              | Mary S. Hutchins          |
| STREET ADDRESS             | 208 BARTOW AVE           | 3.3 STREET ADDRESS                                    | 109 Pearce Road           |
| CITY - ST - ZIP            | AUBURDALE FL             | 3.4 CITY - ST - ZIP                                   | Auburndale, FL 33823-9311 |
| TITLE                      |                          | 4.1 TITLE                                             | TD                        |
| NAME                       |                          | 4.2 NAME                                              | Bobbie J. Fowler          |
| STREET ADDRESS             |                          | 4.3 STREET ADDRESS                                    | 106 Pearce Road           |
| CITY - ST - ZIP            |                          | 4.4 CITY - ST - ZIP                                   | Auburndale, FL 33823-9311 |
| TITLE                      |                          | 5.1 TITLE                                             |                           |
| NAME                       |                          | 5.2 NAME                                              |                           |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |                           |
| CITY - ST - ZIP            |                          | 5.4 CITY - ST - ZIP                                   |                           |
| TITLE                      |                          | 6.1 TITLE                                             |                           |
| NAME                       |                          | 6.2 NAME                                              |                           |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |                           |
| CITY - ST - ZIP            |                          | 6.4 CITY - ST - ZIP                                   |                           |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Mary S. Hutchins Mary S. Hutchins 7-11-95 941-984-4331  
Signature, typed or printed name of signing officer or director Date Telephone #