FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19509

(1)

SUN RIDGE ACRES PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business Mailing Address									n imminime abs timim emini miest anesia	IDIL DIBLI E	TELL BYDAL DI	MLE MIMIL MI	(VIII 130)
109 PEARCE RD AUBURNDALE FL 33823 US			AL	109 PEARCE RD AUBURNDALE FL 33823-9311 US									
									3. Date Incorporated or Qualified 03/03/1987	3a. D	ate of Lat 03/11/		t
2. Principal P	lace of Busine	oss	28.	Mailing Address					4. FEI Number			Applied	d For
21			26						59-2817222				plicable
Suite, Apt. #, etc.			27	4				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State				City & State				6. Election Campaign Financing			00 May		
Zip Country			28	Zip Country				Trust Fund Contribution Added to Fees					
24	25		29	~		Country			8. This corporation has liability for Florida Statutes		e tax unde ∐No	er s. 199.	.032,
9. Name and Address of Current Registered Agent						<u>U]</u>			Fiorida Statutes Yes You 10. Name and Address of New Registered Agent				
						81	Name						
HUTCH	INS, MARY S	8				82	Stroot	Address	s (P.O. Box Number is Not Acceptat	uo.			
109 PEARCE RD							300017	MUUIES	s (r.o. box nomber is not acceptat	неј			
AUBURNDALE FL 33823										······································			
						84	City	· · · · · · · ·		FL	85 Z	Zip Code)
onice or r	registered age	ons of Sections 617.0502 ent, or both, in the State n, and accept the obliga	of Horn	da. Such change was a	authorize	ed by	the corp	corpora poration	ation submits this statement for the pair is board of directors. I hereby accept	UIDOCA O	d changin	g its reg as regis	istered stered
SIGNATURE	w												
Signature, typed or printed name of registered agent a 12. OFFICERS AND I							egistered Agent signature require			DATE			
TITLE	PD OFFICERS AND			DELETE			13.		ADDITIONS/CHANGES TO OFFIC	ERS ANI	Chan		Addition
NAME	BARGER, THOMAS RAY					1.2 NAME					C Ontain	, <u> </u>	Audition
STREET ADORESS				1			1.3 STREET ADDRESS						
CITY-ST-ZIP	AUBURNDALE FL					1.4 CITY-ST-ZIP							
TITLE	VD			☐ DELETE		2.1 TITLE					Chan	ge 🔲	Addition
NAME	STEPHENS, JAMES				2.2 N	2.2 NAME							
100 PEARCE RD							2.3 STREET ADDRESS						
CITY-ST-ZIP				Delete			2. 4 CITY-ST-ZIP						
TITLE	SD MADV C			DELETE		3.1 TITLE					☐ Chan] 0	Addition
NAME STREET ADDRESS	HUTCHINS, MARY S 109 PEARCE RD					3.2 NAME 3.3 STREET ADDRESS							
CHY-ST-ZIP	AUBURN					CITY-S'	i i						
TITLE	TD	W/NL IL		☐ DELETE	3.4. t		ι " ΔΙΓ				Chan	ae 🗍	Addition
NAME	HUTCHINS, MARY S.			-		4. 2 NAME						, - hd	
STREET ADDRESS		RCE ROAD					ADDRESS						
CITY-ST-ZIP	AUBURN				4.4 0	HTY-ST	-ZIP	<u></u>					
TITLE				DELETE	5.1 T	ITLE					Chang	Je	Addition
NAME					5.2 N	IAME							
STREET ADDRESS					5.3 \$	TREET A	ADORESS						
CITY - ST - ZIP				D bei ese		ITY-ST	- ZIP						
TITLE				☐ DELETE	6.1 T			1			Chang	je []	Addition
NAME					6.2 N	IAME		l					

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.

63 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mary State Puris July & Hutchins

2-18-97 (941) 984-4331

FILED

Feb 25 1997 8:00am

Secretary of State

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