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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| ANNUAL REPORT 1998 | | 6.05 | Secretary of State DIVISION OF CORPORATIONS | | | | Secretary of State | | | | |
|--|---------------------------|--|---|---------------------|----------------------------------|-------------|--------------------|---|-------------------------------|-----------------------------|--|
| DΩ | CUME Orporation Name | NT # N19 | 509 | (1) | | | | | | | |
| SUN RIDGE ACRES PROPERTY OWNERS ASSOCIATION, INC | | | | | | | |] | | | |
| Principal Place of Business Malling Address | | | | | | | | | | | |
| | | | | | | | | <u></u> | | | |
| | earce RD RNDALE FL 338 | 323 | 109 PEARCE RI AUBURNDALE I US | AUBURNDALE FL 33823 | | | | 3. Date Incorporated or Qualified 03/03/1987 | | | |
| | | | | | | | | 4. FEI Number 59-2817222 | 11 | oplied For of Applicable | |
| 2. Pr 21 | incipal Place o | f Business | — · | 2a. Mailing Address | | | | 5. Certificate of Status Desired | \$8.75 / Fee Re | Additional | |
| Su | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 6. Election Campaign Financing | \$5.00 | | |
| 22 | 27 | | | | | | | Trust Fund Contribution | Added to | | |
| 23 23 | ty & State | | | City & State | | | | 7. Is this nonprofit corporation a homeowners association? | | | |
| 23 j | p | Country Zip | | | Country | | | 8. This corporation owes or has paid the cur | | angible | |
| 24 | 25 29 90 | | | | D | | | Personal Property Tax due June 30. | Yes [| No | |
| | 9. | Name and Address of Cu | urrent Registered Agent | | - | Nam | | 10. Name and Address of New Registered | Agent | | |
| 61 (HETOLINIO MADY 0 | | | | | | | U | | | | |
| HUTCHINS, MARY S 109 PEARCE RD | | | | | | Stree | t Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| AUBURNDALE FL 33823 | | | | | | | | | | | |
| NODOWNDARE LE GOOED | | | | | | City | | | 85 Zip (| Code | |
| | | | | | | , | | FL | . | | |
| 11. F | Pursuant to the | provisions of Sections 617 | 7.0502 and 617.1508, Flo | rida Statutes, t | he abov | e-name | d corpo | oration submits this statement for the purpose on a board of directors. I hereby accept the app | f changing it pointment as | s registered registered | |
| ě | gent. I am fam | iliar with, and accept the o | obligations of, Section 61 | 7.0503, Florida | Statute | S. | | | | | |
| SIGN | ATURE | re. typed or printed name of registers | ed agent and title if applicable. | (NOTE: Rec | Istered Ap | ent signati | ve reguire | d when reinstating) DATE | |]. | |
| 12. | | OFFICERS | S AND DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND | | | |
| TITLE | | PD DELETE | | DELETE | 1.1 TITLE | | [| | Change | Addition | |
| NAME | | ARGER, THOMAS RAY | | ľ | 1.2 NAME | | . 1 | | | 1 | |
| 1 | | 16 SUNNY LANE | | 1 | 1.3 STREET | | 3 | | | Į. | |
| CITY-S | | AUBURNDALE FL VD | | DELETE | 1.4 CITY - ST - ZIP 2.1 TITLE | | - | | Change | Addition | |
| NAME | , | PHENS, JAMES | _ | 1 | 2.2 NAME | | 1 | | | | |
| Į. | | 8 PEARCE RD | | } | 2.3 STREE | r addres: | s | • | | \ | |
| CITY-S | T-ZIP AL | JBURNDALE FL | | | 2.4 CITY- | ST-ZIP | _ | | | | |
| TITLE | SC | | | DELETE | 3.1 TITLE | | 1 | | ☐ Change | Addition | |
| NAME | HK | UTCHINS, MARY S | | į | 3.2 NAME | | . | | | ļ | |
| i | | 9 PEARCE RD | | | 3.3 STREET | | · | | | | |
| CITY-S | | AUBURNDALE FL DELETE | | | 3.4. CITY-ST-ZIP 4.1 TITLE | | | | Change | Addition | |
| NAME | | JTCHINS, MARY S. | | ł | 4. 2 NAME | | | | • | | |
| | | 9 PEARCE ROAD | | 1 | 4.3 STREET | ADDRESS | s | | | \ | |
| CITY-S | IT-ZIP AL | JBURNDALE FL | | | 4.4 CITY- | ST-ZIP | | | | | |
| TITLE | | | Ц | DELETE | 5.1 TITLE | | 1 | | Change | Addition | |
| NAME | 4000555 | | | ļ | 5.2 NAME | , annes | . | | | Ţ | |
| 1 | ADDRESS | | | | 5.3 STREET 5.4 CITY-5 | | 9 | | | İ | |
| CITY-S | 11-41 | | | DELETE | 6.1 TITLE | 21-21F | 1- | | Change | Addition | |
| NAME | | | | i | 6.2 NAME | | 1 | | _ " • | | |
| 1 | ADDRESS | | | 1 | 6.3 STREET | ADDRESS | s] | | | } | |
| CITY-S | | | | - 1 | 6.4 CITY- | | } | | | } | |

14. I hereby certify that the information supplied with this fiting 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.

FILED

Mar 11 1998 8:00am