

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

FILED

Feb 04, 2004 8:00 am  
Secretary of State

02-04-2004 90070 031 \*\*\*\*61.25

DOCUMENT # N37708

1. Entity Name  
SUN AIR PROPERTY OWNERS/RESIDENTS  
ASSOCIATION, INC.



Principal Place of Business  
32 FAIRVIEW DR N  
HAINES CITY, FL 33844 US

Mailing Address  
32 FAIRVIEW DR N  
HAINES CITY, FL 33844 US

2. Principal Place of Business  
32 FAIRVIEW DRIVE N  
Suite, Apt. #, etc.  
HAINES CITY FLORIDA  
City & State

3. Mailing Address  
32 FAIRVIEW DRIVE N  
Suite, Apt. #, etc.  
HAINES CITY FLORIDA  
City & State

01052004 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3011411

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERGE, HELEN D  
32 FAIRVIEW DR N  
HAINES CITY, FL 33844-7716

7. Name and Address of New Registered Agent

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 HELEN D HERGE HELEN D HERGE SECRETARY/TREASURER JANUARY 31, 2004  
Signature, typed or printed name of registered agent and title if applicable. (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. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STC HERGE, HELEN 32 FAIRVIEW DR N HAINES CITY, FL 338447716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHWABE, STEVEN 9 SUN AIR BLVD E HAINES CITY, FL 338447716	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPDC SCOTT, SHERYL 21 PINE RUN HAINES CITY, FL 338447716	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLIOT, DUANE 5000 WATKINS RD, CONDO A-1 HAINES CITY, FL 338447716	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATSON, DICK 22 BUCK CIRCLE HAINES CITY, FL 338447716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KING, PAUL 18 CYPRESS RUN HAINES CITY, FL 338447716	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HERGE, HELEN 32 FAIRVIEW DRIVE N HAINES CITY, FLORIDA 33844-7716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STEVE SCHWABE 9 SUN AIR BLVD EAST HAINES CITY, FLORIDA 33844-7716	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPDC SCOTT, SHERYL 21 PINE RUN HAINES CITY, FLORIDA 33844-7716	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUANE ELLIOTT 5000 WATKINS ROAD CONDO A-1 HAINES CITY, FLORIDA 33844-7716	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DONNA EASTHAM 21 BUCK CIRCLE HAINES CITY, FLORIDA 33844-7716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAUL KING 18 CYPRESS RUN HAINES CITY, FLORIDA 33844-7716	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: HELEN D HERGE HELEN D HERGE ST  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-04 (863) 439-2323  
Date Daytime Phone #