

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90196 049 ****61.25

DOCUMENT # N37708	
1. Entity Name SUN AIR PROPERTY OWNERS/RESIDENTS ASSOCIATION, INC.	

Principal Place of Business 32 FAIRVIEW DRIVE N. HAINES CITY, FL 33844-7716 US	Mailing Address 32 FAIRVIEW DRIVE N. HAINES CITY, FL 33844-7716 US
--	--

2. Principal Place of Business 32 FAIRVIEW DRIVE N	3. Mailing Address 32 FAIRVIEW DRIVE N
Suite, Apt. #, etc. HAINES CITY FLORIDA	Suite, Apt. #, etc. HAINES CITY FLORIDA

City & State FLORIDA	City & State FLORIDA
Zip 33844-7716	Zip 33844-7716
Country USA	Country USA



01062005 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 SECRETARY/TREASURER** **FEBRUARY 25, 2005**

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, 2005	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ST HERGE, HELEN 32 FAIRVIEW DR N HAINES CITY, FL 338447716	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ST HERGE, HELEN 32 FAIRVIEW DRIVE N HAINES CITY, FLORIDA 33844-7716	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD SCHWABE, STEVEN 9 SUN AIR BLVD E HAINES CITY, FL 338447716	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PD ROGER ABLE 5 MAPLE RUN HAINES CITY, FLORIDA 33844-7716	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPDC SCOTT, SHERYL 21 PINE RUN HAINES CITY, FL 338447716	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VPDC SCOTT, SHERYL 21 PINE RUN HAINES CITY, FLORIDA 33844-7716	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ELLIOTT, DUANE 5000 WATKINS RD, CONDO A-1 HAINES CITY, FL 338447716	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D ELLIOTT, DUANE 5000 WATKINS ROAD CONDO A-1 HAINES CITY, FLORIDA 33844-7716	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D EASTHAM, DONNA 21 BUCK CIRCLE HAINES CITY, FL 338447716	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D EASTHAM, DONNA 21 BUCK CIRCLE HAINES CITY, FLORIDA 33844-7716	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D KING, PAUL 18 CYPRESS RUN HAINES CITY, FL 338447716	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D BROWN, LINDA 20 CYPRESS RUN HAINES CITY, FLORIDA 33844-7716	☒ Change ☒ 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 02-25-05 (863) 439-2323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #