


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90018 012 ****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 - No P.O. Box # 59 Woodland Circle Suite, Apt. #, etc.		3. Mailing Address 59 Woodland Circle Suite, Apt. #, etc.			
City & State Haines City, FL Zip 33844-7716 Country US		City & State Haines City, FL Zip 33844-7716 Country US		4. FEI Number 59-3011411	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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 David K. Borklund Street Address (P.O. Box Number is Not Acceptable) 59 Woodland Circle City Haines City, FL Zip Code 33844-7716		
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 <i>David K. Borklund</i> David K. Borklund 2-12-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TD HERGE, HELEN 32 FAIRVIEW DR N HAINES CITY, FL 338447716	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer David K. Borklund 59 Woodland Circle Haines City, FL 33844-7716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIDDLE, KEN 20 SUN AIR BLVD E HAINES CITY, FL 338447716	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary John Krzyziak 40 Cypress Run Haines City, FL 33844-7716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDC SCOTT, SHERYL 21 PINE RUN HAINES CITY, FL 338447716	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Carol McGuire 2 Woodland Circle Haines City, FL 33844-7716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT, DUANE 5000 WATKINS RD, CONDO A-1 HAINES CITY, FL 338447716	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Nancy Fleetwood 47 Woodland Circle Haines City, FL 33844-7716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASTHAM, DONNA 21 BUCK CIRCLE HAINES CITY, FL 338447716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board member 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, LINDA 20 CYPRESS RUN HAINES CITY, FL 338447716	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member/Din Steve Johnson 17 Pine Run Haines City, FL 33844-7716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>David K. Borklund</i> David K. Borklund 2/12/08 863-439-4120 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					