2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37708

FILED Feb 23, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

59 WOODLAND CIRCLE 24 SUN AIR BLVD E

HAINES CITY, FL 338447716 US HAINES CITY, FL 338447716 US

Current Mailing Address: New Mailing Address:

59 WOODLAND CIRCLE 24 SUN AIR BLVD E

HAINES CITY, FL 338447716 US HAINES CITY, FL 338447716 US

FEI Number: 59-3011411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BORKLUND, DAVID R FERNHOLZ, DARLENE K 59 WOODLAND CIRCLE 24 SUN AIR BLVD E

HAINES CITY, FL 33844 US HAINES CITY, FL 33844 US

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.

SIGNATURE: DARLENE K. FERNHOLZ 02/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T () Delete Title: T (X) Change () Addition Name: BORKLUND, DAVID K Name: FERNHOLZ, DARLENE K

Name:BORKLUND, DAVID KName:FERNHOLZ, DARLENE KAddress:59 WOODLAND CIRCLEAddress:24 SUN AIR BLVD ECity-St-Zip:HAINES CITY, FL 33844City-St-Zip:HAINES CITY, FL 33844

Title: S () Delete Title: S (X) Change () Addition Name: KRZUSIAK, JOHN Name: KRZYSIAK, JOHN

Name: KRZUSIAK, JOHN Name: KRZYSIAK, JOHN
Address: 40 CYPRESS RUN Address: 40 CYPRESS RUN
City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: HAINES CITY, FL 33844

 $\label{eq:title:title:VP} \textit{Title:} \qquad \textit{VP} \qquad \textit{()} \; \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{VP} \qquad \textit{(X)} \; \textit{Change ()} \; \textit{Addition}$

Name: MCGUINE, CAROL Name: STRINGER, THELMA

Address: 2 WOODLAND CIRCLE Address: 1 PINE RUN

City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: HAINES CITY, FL 33844

Title: P () Delete Title: P (X) Change () Addition

 Name:
 FLEETWOOD, NANCY
 Name:
 MCGUIRE, CAROLE

 Address:
 47 WOODLAND CIRCLE
 Address:
 2 WOODLAND CIRCLE

 City-St-Zip:
 HAINES CITY, FL 33844
 City-St-Zip:
 HAINES CITY, FL 33844

Title: D () Delete Title: () Change () Addition

 Name:
 EASTHAM, DONNA
 Name:

 Address:
 21 BUCK CIRCLE
 Address:

City-St-Zip: HAINES CITY, FL 338447716 City-St-Zip:

Title: BMD () Delete Title: () Change () Addition

 Name:
 JOHNSON, STEVE
 Name:

 Address:
 17 PINE RUN
 Address:

 City-St-Zip:
 HAINES CITY, FL 33844
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLENE K. FERNHOLZ TREA 02/23/2009