

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90073 042 \*\*\*\*61.25

**DOCUMENT # N37708**

1. Entity Name  
**SUN AIR PROPERTY OWNERS/RESIDENTS ASSOCIATION, I NC.**



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

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



☒ CHECK HERE IF MAKING CHANGES

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**

4. FEI Number **59-3011411**

Applied For ☐ Not Applicable ☒

Zip Country  
**33844-7716 USA**

Zip Country  
**33844-7716 USA**

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 HERGE* **HELEN HERGE SECRETARY/TREASURER** **FEBRUARY 28, 2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing ☐ **\$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	<b>ST HERGE, HELEN 32 FAIRVIEW DR N HAINES CITY FL 33844</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MBPD SCHWABE, STEVE 9 SUN AIR BLVD E HAINES CITY FL 33844</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SCOTT, SHERYL 21 PINE RUN HAINES CITY FL 33844</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BERG, HERBERT 13 CYPRESS RUN HAINES CITY FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WATSON, DICK 22 BUCK CIRCLE HAINES CITY FL 33844</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KING, PAUL 18 CYPRESS RUN HAINES CITY FL 33844</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STCC, SHERYL SEC HERGE, HELEN 32 FAIRVIEW DRIVE N HAINES CITY FLORIDA 33844-7716</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SCHWABE, STEVEN 9 SUN AIR BLVD EAST HAINES CITY FLORIDA 33844-7716</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPDC SCOTT, SHERYL 21 PINE RUN HAINES CITY FLORIDA 33844-7716</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ELLIOTT, DUANE 5000 WATKINS ROAD CONDO A-1 HAINES CITY FLORIDA 33844-7716</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WATSON, DICK 22 BUCK CIRCLE HAINES CITY, FLORIDA 33844-7716</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KING, PAUL 18 CYPRESS RUN HAINES CITY FLORIDA 33844-7716</b>	<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 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 HERGE* **HELEN HERGE SECRETARY/TREASURER** **FEBRUARY 28, 2003**

**(863) 439-2323**

CR2E037 (10/02)