

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90028 009 ****61.25

DOCUMENT # N47319 1. Entity Name SUNRIDGE WOODS ASSOCIATION, INC.					
Principal Place of Business 742 SUNRIDGE WOODS BLVD. DAVENPORT, FL 33837 US			Mailing Address P.O. BOX 622 LOUGHMAN, FL 33858 US		
2. Principal Place of Business - No P.O. Box # 116 Foggy Creek Rd			3. Mailing Address P.O. Box 622		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Davenport FL			City & State Loughman FL		
Zip 33837			Zip 33858		
Country US			Country US		
4. FEI Number 59-3107065			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PATTI, GARRISON 742 SUNRIDGE WOODS BLVD. DAVENPORT, FL 33837			7. Name and Address of New Registered Agent Name JOHN REEVER Street Address (P.O. Box Number is Not Acceptable) 116 Foggy Creek Rd City Davenport FL Zip Code 33837		
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 <u><i>John M Reever</i></u> 26 Feb 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	DP REEVER, JOHN <input type="checkbox"/> Delete 116 FOGGY CREEK ROAD DAVENPORT, FL 33837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARRISON, PATTI <input checked="" type="checkbox"/> Delete 742 SUNRIDGE WOODS BLVD. DAVENPORT, FL 33837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHEARY FOGARTY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 106 FOGGY CREEK ROAD DAVENPORT, FL 33837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BYLLOTT, AUDREY <input checked="" type="checkbox"/> Delete 904 WATERSIDE DR CELEBRATION, FL 34747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATINO, MARTHA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 655 Bent Oak Loop Davenport FL 33837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <u><i>John M Reever</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			26 Feb 2008 <small>Date</small>		863-424-8027 <small>Daytime Phone #</small>