


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90170 045 \*\*\*\*61.25

**DOCUMENT # N94000001631**  
 1. Entity Name  
**SUNLAND GARDEN HOMEOWNERS, INC.**



Principal Place of Business  
**P O BOX 1473**  
**FT PIERCE, FL 34947**

Mailing Address  
**3405 AVE S**  
**FORT PIERCE, FL 34947**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

6. Name and Address of Current Registered Agent  
**INGRAM, CHRISTOPHER**  
**3501 AVE M**  
**FT PIERCE, FL 34947**

40054550



02202008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name **William Bradley Jr.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3405 Ave. S**  
 City **Fort Pierce** FL Zip Code **34947**

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 *William Bradley* (**ASSOCIATION PRESIDENT**) 04-28-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is **\$61.25**  
 Due by **May 1, 2008**

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	<b>P</b> <b>VICKERS, JAMES Y MR</b> <b>3803 AVE J</b> <b>FT PIERCE, FL 34947</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SMITH, RUBY MRS</b> <b>4002 AVE K</b> <b>FT PIERCE, FL 34947</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BRADLEY, BETTY MRS</b> <b>3405 AVE S</b> <b>FORT PIERCE, FL 34947</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>INGRAM, CHRIS MR</b> <b>3501 AVE M</b> <b>FT. PIERCE, FL 34947</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HAMMONDS, MARY MRS</b> <b>1001 NO 37TH ST</b> <b>FT PIERCE, FL 34947</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: *William Bradley* (**WILLIAM BRADLEY**) 04-28-08 772-464-3381  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #