


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90190 024 \*\*\*\*61.25

<b>DOCUMENT # N95000000785</b>	
1. Entity Name <b>SUNRISE OAKS PUD HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>3230 RIDGEWOOD AVE. SOUTH DAYTONA, FL 32119</b>	Mailing Address <b>3230 RIDGEWOOD AVE. SOUTH DAYTONA, FL 32119</b>
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2. Principal Place of Business <b>P.O. Box 291727</b>	3. Mailing Address <b>P.O. Box 291727</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PORT ORANGE, FL</b>	City & State <b>PORT ORANGE, FL</b>
Zip <b>32129</b>	Country <b>USA</b>
Zip <b>32129</b>	Country <b>USA</b>

**14004577**

04252005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3375063**

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

6. Name and Address of Current Registered Agent <b>FIANO, VALENTINO R 3230 RIDGEWOOD AVE. SOUTH DAYTONA, FL 32119</b>	
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7. Name and Address of New Registered Agent <b>Donald V. Johnstone 1431 Princess Paula Dr Port Orange, FL 32129</b>	
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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 *Donald V. Johnstone* DATE 4/25/05

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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FIANO, VALENTINO R 3230 RIDGEWOOD AVE. SOUTH DAYTONA, FL 32119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEN WAIT 3779 FIANO DR PORT ORANGE, FL 32129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST FIANO, PAULA 3230 RIDGEWOOD AVE. SOUTH DAYTONA, FL 32119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DON JOHNSTONE 1431 PRINCESS PAULA DR PORT ORANGE, FL 32129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, JIM 872 SUGAR GROVE CT. PORT ORANGE, FL 32129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELIZABETH ADAMS 1428 NEW BOLTON PORT ORANGE, FL 32129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRAD BLAIR 3772 FIANO DR PORT ORANGE, FL 32129 <input type="checkbox"/> Change <input checked="" 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 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: *Brad Blair* DATE 4/25/2005 DAYTIME PHONE # 386-671-8072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR