

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000785

FILED
Apr 21, 2007
Secretary of State

Entity Name: SUNRISE OAKS PUD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 291727
PORT ORANGE, FL 32129

New Principal Place of Business:

SUNRISE OAKS SUBDIVISION
PORT ORANGE, FL 32129

Current Mailing Address:

P.O. BOX 291727
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 59-3375063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSTONE, DONALD V.
1431 PRINCESS PAULA DRIVE
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

JOHNSTONE, DONALD V PRES
1431 PRINCESS PAULA DRIVE
PORT ORANGE, FL 32129 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: DONALD V. JOHNSTONE

04/21/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WAIT, BENJAMIN
Address: 3779 FIANO DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: P () Delete
Name: JOHNSTONE, DONALD
Address: 1431 PRINCESS PAULA DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: S () Delete
Name: ADAMS, ELIZABETH
Address: 1428 NEW BOLTON
City-St-Zip: PORT ORANGE, FL 32129

Title: VP () Delete
Name: HONEYCUTT, ROBERT
Address: 3733 SUNRISE OAKS DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: BUTLER, KATHLEEN
Address: 1429 PRINCESS PAULA DR.
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ADAMS, ELIZABETH A
Address: 1428 NEW BOLTON DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ELIZABETH A ADAMS

S

04/21/2007

Electronic Signature of Signing Officer or Director

Date