

Idaho Corporation Annual Report Form

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File #: 0005656194

Date Filed: 3/21/2024 12:05:00 PM

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Return completed form within 30 days to: Idaho Secretary of State

Attn: Annual Reports 450 North 4th Street Boise, ID 83720

Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.

SOS Control Number: 293743

Filing Status: Active-Good Standing

Date Formed: 03/15/1991

(1) Add or Change Mailing Address:

Formation Locale: ID

Name and Mailing Address:

Non-Profit Corporation (D)

SUNRISE TERRACE HOMEOWNER'S ASSOCIATION, INC.

379 SUNRISE CIR SAGLE, ID 83860-8979

Registered Agent (RA) and Registered Office (RO) Address:

NELS TRYGSTAD 281 SUNRISE CIRCLE **SAGLE, ID 83860**

(2) Change RA and/or RO Address:

DUSTIN MILLER 393 SUNRISE CIR SAGLE, ID 83860

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

anew agent is appointed in item (2) above, the new agent must sign here to accept the appointments (4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.

Title	Name	Business Address	City, State, Zip	O O
PRESIDEN	IT DUSTIN MILLER	393 SUNRISE CIR	SAGLE 10 83860	
V. PRES	JOSHUA DELUCCHI	341 SUNRISE CIR	SAGLE, 10 83860	<u> </u>
SECRETAR	Y SARAH MILLER	393 SUNRISE CIR	SAGLE ID 83860	-
TREASURE	R LINDA DUNN	379 SUNRISE CIR	SAGLE 1D 83860	Ü

(5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.

Name	Business Address	City, State, Zip
DUSTIN MILLER	393 SUNRISE CIR	SAGLE, ID 83860 P
JUSHUA DELUCCHI	341 SUNRISE CIR	SAGLE, 1D 83860 n
SARAH MILLER	393 SUNRISE CIR	SAGLE, 10 83860
LINDA DUNN	379 SUNRISE CIR	SAGLE, ID 83860 0
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(5) Signature: Linda	Survey	(6) Date: 03/17/2024	_≺
(7) Type/Print Name: L/NA	DUNN	(8) Title: TREASURER	0 H

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

State