


FILED

Feb 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 741840 (3)  
1. Corporation Name  
SUNRISE GOLF CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business  
% GLORIA HEIDEMANN  
6646 DRAW LANE  
SARASOTA FL 34238

Mailing Address  
% GLORIA HEIDEMANN  
6646 DRAW LANE  
SARASOTA FL 34238-5138

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
02/27/1978

3a. Date of Last Report  
02/14/1996

4. FEI Number  
59-1804193

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

6. Election Campaign Financing  
Trust Fund Contribution  
\$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  
Yes No

9. Name and Address of Current Registered Agent  
HEIDEMANN, GLORIA  
6646 DRAW LANE  
SARASOTA FL 34238

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE Gloria Heidemann Gloria Heidemann 2-11-97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE DS  
NAME HEIDEMANN, GLORIA  
STREET ADDRESS 6646 DRAW LANE  
CITY-ST-ZIP SARASOTA, FL 00000  
TITLE D  
NAME WILLIAMS, DANNY  
STREET ADDRESS 6658 DRAW LANE  
CITY-ST-ZIP SARASOTA FL  
TITLE PD  
NAME WILSON, NORENE W.  
STREET ADDRESS 6592 DRAW LANE  
CITY-ST-ZIP SARASOTA FL  
TITLE VPD  
NAME BROWNFIELD, DAVID  
STREET ADDRESS 6842 DRAW LANE  
CITY-ST-ZIP SARASOTA FL  
TITLE TD  
NAME LENTZ, JAMES  
STREET ADDRESS 6539 DRAW LANE  
CITY-ST-ZIP SARASOTA FL  
TITLE D  
NAME DELMONTE, JOHN  
STREET ADDRESS 6576 DRAW LANE  
CITY-ST-ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
D  
FORTNER, WILLIAM  
6616 DRAW LANE  
SARASOTA, FL.

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.  
SIGNATURE: NORENE W. WILSON, PRESIDENT NORENE W. Wilson 2/11/97 941-922-5884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063490

CR2E037 (9/96)