

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # 741840 1. Entity Name SUNRISE GOLF CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6200 DRAW LN SARASOTA, FL 34238			Mailing Address C/O JOANNE NICTER 6542 DRAW LANE SARASOTA, FL 34238		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1804193	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NICTER, JOANNE 6542 DRAW LANE SARASOTA, FL 34238			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <i>Joanne Nictter</i> → <i>Joanne Nictter</i> 2/2/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when requested) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GERRITY, PATRICIA		NAME	U000000817862 02/15/08-80021-002 61.25	
STREET ADDRESS	8417 DRAW LANE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICTER, JOANNE		NAME		
STREET ADDRESS	6542 DRAW LANE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, NORENE W.		NAME		
STREET ADDRESS	6592 DRAW LANE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENE, DAVID		NAME		
STREET ADDRESS	6477 DRAW LANE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LENTZ, JAMES		NAME		
STREET ADDRESS	6539 DRAW LANE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRISON, JOHN		NAME		
STREET ADDRESS	6559 DRAW LANE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTE, FL 34238		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: <i>Norene W Wilson</i> 2-2-08 991 922-5884 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					