

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N06620** (1)

1. Corporation Name

THE HOMEOWNERS' ASSOCIATION OF THE SUNRISE GOLF CLUB ESTATES, INC.



Principal Place of Business

Mailing Address

**5712 TAM O'SHANTER CR
SARASOTA FL 34238
US**

**5712 TAM O'SHANTER
SARASOTA FL 34238
US**

3. Date Incorporated or Qualified
12/13/1984

3a. Date of Last Report
06/02/1995

2. Principal Place of Business

2a. Mailing Address

21 **6137 APPROACH RD.**

26 **6137 APPROACH RD.**

4. FEI Number

59-2494004

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23 City & State

28 City & State

SARASOTA FL

SARASOTA, FL.

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

24 Zip

Country

29 Zip

Country

34238

SARASOTA

34238

SARASOTA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWIFT, JOE
5712 TAM O'SHANTER CT
SARASOTA FL 34238**

81 Name

FREDERICK L. METZLER

82 Street Address (P.O. Box Number is Not Acceptable)

6137 APPROACH RD.

83

84 City

SARASOTA

FL

85 Zip Code

34238

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 **Fredrick L. Metzler**

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

6-15-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO** ☒ DELETE
NAME **BAILEY, JOHN H**
STREET ADDRESS **5781 AUGUSTA CIR**
CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE **PO** ☒ Change ☐ Addition
1.2 NAME **ANNE D'ALBERTO**
1.3 STREET ADDRESS **5709 AUGUSTA CIRCLE**
1.4 CITY-ST-ZIP **SARASOTA, FL. 34238**

TITLE **STD** ☒ DELETE
NAME **SWIFT, JOSEPH**
STREET ADDRESS **5712 TAM O'SHANTER CT**
CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE **STD** ☐ Change ☒ Addition
2.2 NAME **METZLER, FREDERICK**
2.3 STREET ADDRESS **6137 APPROACH RD.**
2.4 CITY-ST-ZIP **SARASOTA, FL. 34238**

TITLE **D** ☐ DELETE
NAME **D'ALBERTO, ANNE**
STREET ADDRESS **5709 AUGUSTA CIRCLE**
CITY-ST-ZIP **SARASOTA FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **GRIMES, BERNIE**
3.3 STREET ADDRESS **5781 AUGUSTA CIR.**
3.4 CITY-ST-ZIP **SARASOTA, FL. 34238**

TITLE **D** ☒ DELETE
NAME **JENNINGS, CHIC**
STREET ADDRESS **5719 FIRESTONE CT**
CITY-ST-ZIP **SARASOTA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GRIMES, BERNIE CIRCLE**
STREET ADDRESS **5781 AUGUSTA CIRCLE**
CITY-ST-ZIP **SARASOTA FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **ANNE D'ALBERTO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/14/96 941-922-6203

Date

Daytime Phone #

0014638

CR2E037 (3/96)