

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N29347**

1. Entity Name

**SUNRISE VILLAGE CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90009 040 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US	Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0213042</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

HART, JAMES W JR.  
 C/O SENTRY MANAGEMENT, INC.  
 2180 WEST SR 434 STE 5000  
 LONGWOOD FL 32779-5044

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, ANTHONY	
STREET ADDRESS	7010 B US HWY 1, #201	
CITY-ST-ZIP	COCOA FL 32937	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GARVIN, RALPH	
STREET ADDRESS	7010 N USHWY 1	
CITY-ST-ZIP	COCOA FL	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	MENEGHELLI, BARRY	
STREET ADDRESS	7030 N US 1 #DD201	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	S	<input type="checkbox"/> Delete
NAME	KEATING, ED	
STREET ADDRESS	7010 N US1 #101	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DE FRANCESCO, JOE	
STREET ADDRESS	7050 N US 1, #BB103	
CITY-ST-ZIP	COCOA FL 32927	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SODOMA, JOHN	
STREET ADDRESS	7030 N US 1 #203	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULTHEISS, GEORGE	
STREET ADDRESS	7020 N US 1 #101	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7030 N US 1 #201	
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:** *George Schultheiss* Director **02-23-00** **321-638-0145**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)