

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.
AMOUNT DUE ON OR BEFORE 8/5/95: \$186 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 23 1995

DOCUMENT # N37547 (9)

1. Corporation Name
SUNRISE COVE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address
6538 LAKE GRIFFIN ROAD 6538 LAKE GRIFFIN ROAD
LADY LAKE FL 32159-2900 LADY LAKE FL 32159-2900

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/04/1990** 3a. Date of Last Report **08/25/1994**
4. FEI Number **59-3007063** Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.017 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **6106 Topsail Rd.** 26 **P.O. Box 1261**
Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
22
23 **Lady Lake, Florida** 28 **Lady Lake, Florida**
City & State City & State
24 **32159** 25 **U.S.A.** 29 **32159-1261** 30 **U.S.A.**
Zip Country Zip Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
81 Name **Joanne Shute**
82 Street Address (P.O. Box Number is Not Acceptable) **6106 Topsail Road**
83
84 City **Lady Lake** 85 Zip Code **FL 32159**

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 officer 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 617.0507, Florida Statutes.

SIGNATURE *Joanne Shute* **Joanne Shute** **June 20, 1995**
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/V	11 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHESON	12 NAME	Narvin Wittmann
STREET ADDRESS	6538 LAKE GRIFFIN ROAD	13 STREET ADDRESS	6120 Topsail Road
CITY - ST - ZIP	LADY LAKE FL	14 CITY - ST - ZIP	Lady Lake, FL 32159
TITLE	DP	21 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANLON, GEORGE	22 NAME	Joseph Gaynor
STREET ADDRESS	6538 LAKE GRIFFIN RD.	23 STREET ADDRESS	6042 Topsail Road
CITY - ST - ZIP	LADY LAKE FL	24 CITY - ST - ZIP	Lady Lake, FL 32159
TITLE	DST	31 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUEY, MARY	32 NAME	Herman Mathews
STREET ADDRESS	6538 LAKE GRIFFIN RD.	33 STREET ADDRESS	6122 Topsail Rd.
CITY - ST - ZIP	LADY LAKE FL	34 CITY - ST - ZIP	Lady Lake, FL 32159
TITLE	T	41 TITLE	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINAPOLI, DOMINIC	42 NAME	Joanne Shute
STREET ADDRESS	6538 LAKE GRIFFIN RD.	43 STREET ADDRESS	6106 Topsail Rd.
CITY - ST - ZIP	LADY LAKE FL	44 CITY - ST - ZIP	Lady Lake, FL 32159
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(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 of the same; that I am duly 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: *Joanne Shute* **Joanne Shute** **06/20/95** **904-753-5689**
Signature, typed or printed name of signing officer or director Date (Daytime Phone #)

CR2E037 (3/95)