## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** #

SUNRISE COVE HOMEOWNER'S ASSOCIATION, INC.

## **FILED** Feb 24 1998 8:00am Secretary of State

	ce of Business	Mailing Address								
6106 TOPSAIL RD		•								
LADY LAKE F		P O BOX 1261 LADY LAKE FL 32 US	159-1261			3	Date Incorporated or Qualified 04/04/1990			
		••				4	I. FEI Number			oplied For
2. Principal F	Place of Business	2a. Malling Addr	ess	· · · · · · · · · · · · · · · · · · ·	<del></del>		59-3007063			ot Applicable
21		26				6	Certificate of Status Desired	□ <b>\$</b>		Additional equired
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6	. Election Campaign Financing	\$		May Be	
22		27			_	Trust Fund Contribution		dded t		
City & Star	ite	City & State				7	'. Is this nonprofit corporation a ho			n?
<b>23</b> Zip	Country	<b>28</b> Zip	1	Country	;			Yes N		
24	25	29	30			8	<ol> <li>This corporation owes or has per Personal Property Tax due June</li> </ol>			angible ☑ No
	9. Name and Address of C		1901	<del>'                                    </del>		10	). Name and Address of New Ro			<u>.,</u>
				81	Name					
SHUTE,	, JOANNE			82	Street A	ddress (	P.O. Box Number is Not Acceptat	ole)	·	
	OPSAIL RD					,				
LADY L	AKE FL 32159			83						
				84	City			FL 85	Zip	Code
11. Pursuant	to the provisions of Sections 61	17.0502 and 617.1508, Florid	la Statutes, ti	the above	e-named c	orporati	on submits this statement for the r		l naina it	s registered
office or i	registered agent, or both, in the am familiar with, and accept the	State of Florida, Such change obligations of Section 6174	ge was autho	orized by	the corpo	oration's	on submits this statement for the p board of directors. I hereby accep	ot the appointn	nent as	registered
SIGNATURE	TARBURA Chille	, D/S	2/11/20	211/	hite		02/19	/98		
GIGHT			11.51.11.16							
	Signature, typed or printed name of registi				nt signaturé re		**	DATE		
12.	OFFICER	RS AND DIRECTORS		13.	nt signature re		ADDITIONS/CHANGES TO OFFIC	ERS AND DIR		
TITLE	OFFICEF <b>DP</b>		LETE	13. 1.1 TITLE	nt signalurë re	D/1	ADDITIONS/CHANGES TO OFFICE	ERS AND DIR	ECTOR Change	IS IN 12
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14. 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 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.