

FILE NOW: FILING FEE IS \$61.25

FILED

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

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N37547 (9)

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



Principal Place of Business 6106 TOPSAIL RD LADY LAKE FL 32159 US	Mailing Address P O BOX 1261 LADY LAKE FL 32159-1261 US
---	---

3. Date Incorporated or Qualified 04/04/1990	
4. FEI Number 59-3007063	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

**SHUTE, JOANNE
6106 TOPSAIL RD
LADY LAKE FL 32159**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 **Joanne Shute, D/S** *Joanne Shute* **02/19/98**

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LARRY DEASON	
STREET ADDRESS	6038 TOPSAIL RD	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	GAYNOR, JOSEPH	
STREET ADDRESS	6042 TOPSAIL RD	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	JOSEPH GAYNOR	
STREET ADDRESS	6042 TOPSAIL RD	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SHUTE, JOANNE	
STREET ADDRESS	6106 TOPSAIL RD	
CITY-ST-ZIP	LADY LAKE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Abraham J. Dekker	
1.3 STREET ADDRESS	6040 Topsail Rd.	
1.4 CITY-ST-ZIP	Lady Lake, FL	
2.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lewis Jones	
2.3 STREET ADDRESS	6046 Topsail Rd.	
2.4 CITY-ST-ZIP	Lady Lake, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Joanne Shute* **JOANNE SHUTE** **02-19-98** **352-753-5689**

CR2E037 (10/97)