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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N37547

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/04/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-3007063

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHUTE, JOANNE
 6106 TOPSAIL RD
 LADY LAKE FL 32159

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

NAME DEKKER, ABRAHAM J
 STREET ADDRESS 6040 TOPSAIL RD
 CITY-ST-ZIP LADY LAKE FL

1.1 TITLE Change Addition

TITLE DELETE

NAME JONES, LEWIS
 STREET ADDRESS 6046 TOPSAIL RD
 CITY-ST-ZIP LADY LAKE FL

2.1 TITLE Change Addition

TITLE DELETE

NAME JOSEPH GAYNOR
 STREET ADDRESS 6042 TOPSAIL RD
 CITY-ST-ZIP LADY LAKE FL

3.1 TITLE Change Addition

TITLE DELETE

NAME SHUTE, JOANNE
 STREET ADDRESS 6106 TOPSAIL RD
 CITY-ST-ZIP LADY LAKE FL

4.1 TITLE Change Addition

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition

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, with all other like empowered.

SIGNATURE:

Joanne E. Shute SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 JOANNE E. SHUTE 03-15-99 (353) 753-5689
 Date Daytime Phone #

CR2E037 (11/98)