

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90854 041 \*\*\*\*61.25

**DOCUMENT # N37547**

1. Entity Name

**SUNRISE COVE HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

6048 TOPSAIL ROAD  
 LADY LAKE FL 32159  
 US

P O BOX 1261  
 LADY LAKE FL 32159-1261  
 US

2. Principal Place of Business

**6042 TOPSAIL ROAD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LADY LAKE, FL.**

City & State

4. FEI Number

**59-3007063**

Applied For

Not Applicable

Zip

**32159**

Country

**US**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HOWE, ELIZABETH**  
**6048 TOPSAIL ROAD**  
**LADY LAKE FL 32159**

7. Name and Address of New Registered Agent

Name **GAYNOR, JOSEPH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6042 TOPSAIL ROAD**

City **LADY LAKE** FL Zip Code **32159**

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 **JOSEPH GAYNOR**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/11/02**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP**  Delete  
 NAME **JONES, LEWIS**  
 STREET ADDRESS **6048 TOPSAIL RD**  
 CITY-ST-ZIP **LADY LAKE FL**

TITLE **DP**  Change  Addition  
 NAME **JONES, LEWIS**  
 STREET ADDRESS **6046 TOPSAIL RD**  
 CITY-ST-ZIP **LADY LAKE, FL, 32159**

TITLE **DV**  Delete  
 NAME **HOWE, W. LAWRENCE**  
 STREET ADDRESS **6048 TOPSAIL RD**  
 CITY-ST-ZIP **LADY LAKE FL**

TITLE **DV**  Change  Addition  
 NAME **MADDEN, MICHAEL**  
 STREET ADDRESS **6048 TOPSAIL RD**  
 CITY-ST-ZIP **LADY LAKE, FL. 32159**

TITLE **DS**  Delete  
 NAME **HOWE, ELIZABETH**  
 STREET ADDRESS **6042 TOPSAIL RD**  
 CITY-ST-ZIP **LADY LAKE FL**

TITLE **DS**  Change  Addition  
 NAME **LEESON, PATRICIA**  
 STREET ADDRESS **6106 TOPSAIL RD**  
 CITY-ST-ZIP **LADY LAKE, FL. 32159**

TITLE **DT**  Delete  
 NAME **GAYNOR, JOSEPH**  
 STREET ADDRESS **6042 TOPSAIL ROAD**  
 CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: **JOSEPH GAYNOR** **DT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/11/02 352-753-0468**

CR2E037 (9/01)