


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90047 003 ****61.25

DOCUMENT # N37547			
1. Entity Name SUNRISE COVE HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 6030 TOPSAIL ROAD LADY LAKE FL 32159 US		Mailing Address P O BOX 1261 LADY LAKE FL 32159-1261 US	
2. Principal Place of Business <i>6030 Topsail Rd Lady Lake, FL 32159</i>		3. Mailing Address <i>(Same)</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GAYNOR, JOSEPH 6042 TOPSAIL ROAD LADY LAKE FL 32159		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

34020043



MOORE CR2E037 (11/03)

4. FEI Number **59-3007063** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DT	<input type="checkbox"/> Delete		TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, LEWIS			NAME	Jones, Lewis P.		
STREET ADDRESS	6046 TOPSAIL RD.			STREET ADDRESS	6046 Topsail Road		
CITY - ST - ZIP	LADY LAKE FL 32159			CITY - ST - ZIP	Lady Lake FL 32159		
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MADDEN, MICHAEL			NAME	Trahan, Ed		
STREET ADDRESS	6048 TOPSAIL RD			STREET ADDRESS	6030 Topsail Rd		
CITY - ST - ZIP	LADY LAKE FL 32159			CITY - ST - ZIP	Lady Lake, FL 32159		
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEESON, PATRICIA			NAME	Leeson, Patricia		
STREET ADDRESS	6042 TOPSAIL RD			STREET ADDRESS	6046 Topsail Rd.		
CITY - ST - ZIP	LADY LAKE FL 32159			CITY - ST - ZIP	Lady Lake FL 32159		
TITLE	DT	<input checked="" type="checkbox"/> Delete		TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAYNOR, JOSEPH			NAME	Thomas, Gregory		
STREET ADDRESS	6042 TOPSAIL ROAD			STREET ADDRESS	6110 Topsail Rd		
CITY - ST - ZIP	LADY LAKE FL 32159			CITY - ST - ZIP	Lady Lake, FL 32159		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				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: *Pat Leeson* **PATRICIA LEESON** 3-17-04 352-750-6752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #