



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90048 040 ****61.25

DOCUMENT # N37547					
1. Entity 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		<p style="text-align: right; font-size: 24pt;">50004661</p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-3007063	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GAYNOR, JOSEPH 6042 TOPSAIL ROAD LADY LAKE, FL 32159				Name <u>PATRICIA LEESON</u> Street Address (P.O. Box Number is Not Acceptable) <u>6106 Topsail Road</u> City <u>LADY LAKE</u> FL Zip Code <u>32159</u>	
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 <u>Pat Leeson</u>		SIGNATURE <u>PATRICIA LEESON, President</u>		DATE <u>1-18-05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, LEWIS		NAME	LEESON, PATRICIA	
STREET ADDRESS	6046 TOPSAIL RD.		STREET ADDRESS	6106 Topsail Road	
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAHAN, ED		NAME	ELIASSON, LENNART	
STREET ADDRESS	6030 TOPSAIL RD		STREET ADDRESS	6042 Topsail Road	
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEESON, PATRICIA		NAME	Cooley, Robert	
STREET ADDRESS	6106 TOPSAIL RD		STREET ADDRESS	6032 Topsail Road	
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, GREGORY		NAME		
STREET ADDRESS	6110 TOPSAIL RD		STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE, FL 32159		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		
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: <u>Gregory A. Thomas</u>		SIGNATURE: <u>Patricia Leeson</u>		DATE: <u>1-18-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
				Daytime Phone # <u>352-750-9304</u>	