
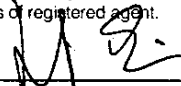
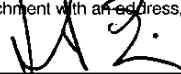


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90025 045 ****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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01162006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-3007063				Applied For Not Applicable	
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		
LEESON, PATRICIA 6106 TOPSAIL ROAD LADY LAKE, FL 32159			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 1/23/06		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating.)		
Filing Fee is \$61.25 Due by May 1, 2006		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	LEESON, PATRICIA		NAME	LENNART ELIASSON	
STREET ADDRESS	6106 TOPSAIL ROAD		STREET ADDRESS	6042 Topsail Rd	
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP	Lady Lake, FL 32159	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELIASSON, LENNART		NAME	Bobby G. Deason	
STREET ADDRESS	6042 TOPSAIL ROAD		STREET ADDRESS	6038 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 checked="" type="checkbox"/> Addition
NAME	COOLEY, ROBERT		NAME	William P. Bagley	
STREET ADDRESS	6032 TOPSAIL ROAD		STREET ADDRESS	6048 Topsail Rd	
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP	Lady Lake, FL 32159	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, GREGORY		NAME	GREGORY THOMAS	
STREET ADDRESS	6110 TOPSAIL RD		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 exemptions contained in Chapter 119, 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: 			DATE: 1/23/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		