
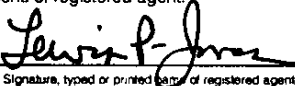



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90022 005 ****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 - No P.O. Box # 6042 Topsail Road		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lady Lake, FL		City & State	
Zip 32159	Country USA	Zip	Country
6. Name and Address of Current Registered Agent LEESON, PATRICIA 6106 TOPSAIL ROAD LADY LAKE, FL 32159		7. Name and Address of New Registered Agent Name Lewis P. Jones Street Address (P.O. Box Number is Not Acceptable) 6046 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Lewis P. Jones Treasurer 8-10-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by September 14, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	DP ELIASSON, LENNARD 6042 TOPSAIL RD LADY LAKE, FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ELIASSON, LENNART 6042 TOPSAIL ROAD LADY LAKE, FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BAGLEY, WILLIAM P 6048 TOPSAIL RD LADY LAKE, FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THOMAS, GREGORY 6110 TOPSAIL RD LADY LAKE, FL 32159 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Lewis P. Jones 6046 Topsail Road Lady Lake, FL 32159 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DEASON, BOBBY G 6038 TOPSAIL RD LADY LAKE, FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Lewis P. Jones		Date 8-10-07 Daytime Phone # 352-753-3459	