

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37547

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: SUNRISE COVE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

6042 TOPSAIL RD  
LADY LAKE, FL 32159 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1261  
LADY LAKE, FL 321591261 US

**New Mailing Address:**

FEI Number: 59-3007063      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, LEWIS P  
6042 TOPSAIL RD  
LADY LAKE, FL 32159 US

**Name and Address of New Registered Agent:**

ELIASSON, LENNART  
6042 TOPSAIL RD  
LADY LAKE, FL 32159 US

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: LENNART ELIASSON      04/08/2008  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ELIASSON, LENNART  
Address: 6042 TOPSAIL RD  
City-St-Zip: LADY LAKE, FL 32159

Title: DV ( ) Delete  
Name: ELIASSON, LENNART  
Address: 6042 TOPSAIL ROAD  
City-St-Zip: LADY LAKE, FL 32159

Title: DS ( ) Delete  
Name: BAGLEY, WILLIAM P  
Address: 6048 TOPSAIL RD  
City-St-Zip: LADY LAKE, FL 32159

Title: DT ( ) Delete  
Name: JONES, LEWIS P  
Address: 6042 TOPSAIL RD  
City-St-Zip: LADY LAKE, FL 32159

Title: DV (X) Delete  
Name: DEASON, BOBBY G  
Address: 6038 TOPSAIL RD  
City-St-Zip: LADY LAKE, FL 32159

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: MACHACEK, KEN  
Address: 6110 TOPSAIL RD  
City-St-Zip: LADY LAKE, FL 32159

Title: DV (X) Change ( ) Addition  
Name: JONES, LEWIS P  
Address: 6046 TOPSAIL RD  
City-St-Zip: LADY LAKE, FL 32159

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: ELIASSON, LENNART  
Address: 6042 TOPSAIL RD  
City-St-Zip: LADY LAKE, FL 32159

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENNART ELIASSON      DT      04/08/2008  
Electronic Signature of Signing Officer or Director      Date