

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37547

FILED
Apr 19, 2009
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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

Title: DV () Delete
Name: JONES, LEWIS P
Address: 6046 TOPSAIL RD
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: ELIASSON, LENNART
Address: 6042 TOPSAIL RD
City-St-Zip: LADY LAKE, FL 32159

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: BAGLEY, WILLIAM
Address: 6048 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

04/19/2009

Electronic Signature of Signing Officer or Director

_____ Date