


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90088 035 ****61.25

DOCUMENT # N37547
1. Entity Name
SUNRISE COVE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**6042 TOPSAIL ROAD
LADY LAKE FL 32159
US**

Mailing Address
**P O BOX 1261
LADY LAKE FL 32159-1261
US**


2. Principal Place of Business
6030 TOPSAIL Rd.

3. Mailing Address
(SAME)

City & State
LADY LAKE FL

City & State
LADY LAKE FL

6. Name and Address of Current Registered Agent
**GAYNOR, JOSEPH
6042 TOPSAIL ROAD
LADY LAKE FL 32159**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3007063**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, LEWIS 6048 TOPSAIL RD LADY LAKE FL 32159	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MADDEN, MICHAEL 6048 TOPSAIL RD LADY LAKE FL 32159	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEESON, PATRICIA 6042 TOPSAIL RD LADY LAKE FL 32159	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GAYNOR, JOSEPH 6042 TOPSAIL ROAD LADY LAKE FL 32159	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Michael Madden 6048 TOPSAIL RD LADY LAKE, FL. 32159	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOE P. HULEK 6036 TOPSAIL RD LADY LAKE, FL. 32159	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Ed Trahan 6030 TOPSAIL RD LADY LAKE, FL. 32159	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEWIS JONES 6046 TOPSAIL RD LADY LAKE, FL. 32159	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Ed Trahan* **ED TRAHAN**
MAD 17 2003 30-250-000

CR2E037 (10/02)