FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:24

DOCUMENT # 741840 (3)

1. Corporation Name
SUNRISE GOLF CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% GLORIA HEIDEMANN 6646 DRAW LANE SARASOTA FL 34238	% GLORIA HEIDEMANN 6646 DRAW LANE SARASOTA FL 34238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1978
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-1804193 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
HEIDEMANN, GLORIA
6646 DRAW LANE
SARASOTA FL 34238

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	DS
NAME	HEIDEMANN, GLORIA
STREET ADDRESS	6646 DRAW LANE
CITY-ST-ZIP	SARASOTA, FL 00000
TITLE	D
NAME	WILLIAMS, DANNY
STREET ADDRESS	6658 DRAW LANE
CITY-ST-ZIP	SARASOTA FL
TITLE	PD
NAME	WILSON, NORENE W.
STREET ADDRESS	6592 DRAW LANE
CITY-ST-ZIP	SARASOTA FL
TITLE	VPD
NAME	BROWNFIELD, DAVID
STREET ADDRESS	6642 DRAW LANE
CITY-ST-ZIP	SARASOTA FL
TITLE	TD
NAME	LENTZ, JAMES
STREET ADDRESS	6539 DRAW LANE
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	DELMONTE, JOHN
STREET ADDRESS	6576 DRAW LANE
CITY-ST-ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change	☒ Addition
1.2 NAME	MIRACLE, LLOYD		
1.3 STREET ADDRESS	6503 DRAW LANE		
1.4 CITY-ST-ZIP	SARASOTA, FL. 34238		
2.1 TITLE		☐ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Pres. 2/8/95 8/3 - 922-5884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
NORENE W. WILSON

0003007