

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06620

1. Entity Name

THE HOMEOWNERS' ASSOCIATION OF THE SUNRISE GOLF

Principal Place of Business

6137 APPROACH RD.
SARASOTA FL 34238
US

Mailing Address

6137 APPROACH RD.
SARASOTA FL 34238-5726
US

2. Principal Place of Business

5703 Doral Ct.

3. Mailing Address

5703 Doral Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL.

City & State

Sarasota FL.

4. FEI Number

59-2494004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREDERICK L. METZLER
6137 APPROACH RD.
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name Robert J. Carney

Street Address (P.O. Box Number is not Acceptable)

5703 Doral Ct.

City

Sarasota

FL

Zip Code

34238

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	METZLER, FREDERICK	
STREET ADDRESS	6137 APPROACH RD	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	METZLER, JOAN	
STREET ADDRESS	5703 DORAL CT	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARNEY, ROBERT	
STREET ADDRESS	5703 DORAL CT	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAVINS, KEN	
STREET ADDRESS	5703 DORAL CT	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert J. Carney	
STREET ADDRESS	5703 Doral Ct	
CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Fetterolf	
STREET ADDRESS	5707 Doral Ct	
CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	June C. Carney	
STREET ADDRESS	5703 Doral Ct	
CITY-ST-ZIP	Sarasota FL 34238	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathy Fetterolf	
STREET ADDRESS	5707 Doral Ct	
CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ken Gavins	
STREET ADDRESS	5710 Doral Ct	
CITY-ST-ZIP	Sarasota FL 34238	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90124 003 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)