

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90107 001 \*\*\*\*61.25

**DOCUMENT # N24962**

1. Entity Name

**SUNRISE AT FOUNTAIN LAKES NEIGHBORHOOD  
ASSOCIATION, INC.**



Principal Place of Business

22201 FOUNTAIN LAKES BLVD  
STE 1  
ESTERO FL 33928  
US

Mailing Address

P.O. BOX 2411  
BONITA SPRINGS FL 34133  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-1613208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C & H PROPERTY MANAGEMENT  
22201 FOUNTAIN LAKES BLVD, STE 1  
ESTERO FL 33928**

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  
Due By May 1, 2007**

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	DS	<input checked="" type="checkbox"/> Delete
NAME	MILSTEIN, MEL	
STREET ADDRESS	22661 ISLAND LAKES DRIVE	
CITY- ST- ZIP	ESTERO FL 33928-2340	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	COULTZ, BILL	
STREET ADDRESS	22581 ISLAND LAKES DR	
CITY- ST- ZIP	ESTERO FL 33928	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODWIN, HERSCHEL	
STREET ADDRESS	22632 WEST BRIDGE CT	
CITY- ST- ZIP	ESTERO FL 33928	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	STOKES, DOUG	
STREET ADDRESS	22697 ISLAND LAKES DR	
CITY- ST- ZIP	ESTERO FL 33928	
TITLE	D	<input type="checkbox"/> Delete
NAME	METEYARD, DAVE	
STREET ADDRESS	22668 FOREST VIEW DR	
CITY- ST- ZIP	ESTERO FL 33928	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FYKES, SHIRLEY	
STREET ADDRESS	3880 MARY ANN WAY	
CITY- ST- ZIP	ESTERO, FL 33928	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROTH, TERRI	
STREET ADDRESS	22674 FOUNTAIN LAKES BLVD.	
CITY- ST- ZIP	ESTERO, FL 33928	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIMBO, BETTY	
STREET ADDRESS	3910 MARY ANN WAY	
CITY- ST- ZIP	ESTERO, FL 33928	
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 exemptions contained in Section 119, 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:

*Shirley Fykes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

Date

239-992-9102

Daytime Phone #