

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765061

Entity Name: SUNRISE OWNERS GROUP, INC.**Current Principal Place of Business:**4962 N PALM AVENUE
WINTER PARK, FL 32792**Current Mailing Address:**P.O. BOX 4129
WINTER PARK, FL 32793 US**FEI Number:** 59-2278917**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRASCA, JOSEPH
C/O PREFERRED COMMUNITY MGT.
4962 N PALM AVENUE
WINTER PARK, FL 32792 US*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**Officer/Director Detail :**

Title DIRECTOR, SECRETARY

Name BEST, PATRICIA

Address P.O. BOX 4129

City-State-Zip: WINTER PARK FL 32793

Title DIRECTOR, PRESIDENT

Name HENCH, MARILYN

Address P.O. BOX 4129

City-State-Zip: WINTER PARK FL 32793

Title DIRECTOR

Name ROSENZWEIG, HEIDELINDE T

Address P.O. BOX 4129

City-State-Zip: WINTER PARK FL 32793

Title DIRECTOR, VP

Name RAWLINGS, NICHOLAS

Address P.O. BOX 4129

City-State-Zip: WINTER PARK FL 32793

Title DIRECTOR

Name MORRIS, GARALD

Address P.O. BOX 4129

City-State-Zip: WINTER PARK FL 32793

Title DIRECTOR, TREASURER

Name WHETSTONE, SUZANNE

Address P.O. BOX 4129

City-State-Zip: WINTER PARK FL 32793

Title DIRECTOR

Name TANIOS , ALEXANDER

Address P.O. BOX 4129

City-State-Zip: WINTER PARK FL 32793

I hereby 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 all other like empowered.

SIGNATURE: HENCH , MARILYN

PRESIDENT

02/20/2024

Electronic Signature of Signing Officer/Director Detail_____
Date