2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06620

Entity Name: THE HOMEOWNERS'ASSOCIATION OF THE SUNRISE GOLF

CLUB ESTATES, INC.

5714 AUGUSTA CIRCLE

Current Principal Place of Business:

SARASOTA, FL 34238

Current Mailing Address:

SUNRISE ESTATE HOA P.O. BOX 21424 SARASOTA, FL 34276 US

FEI Number: 59-2494004 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHIAVULLI, TRACY **5714 AUGUSTA CIRCLE** SARASOTA, FL 34238 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: TRACY SCHIAVULLI 04/19/2021

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

Name IRWIN, JIM Name TAYLOR, DELILAH

Address SUNRISE ESTATE HOA Address SUNRISE ESTATE HOA

P.O. BOX 21424 P.O. BOX 21424

City-State-Zip: SARASOTA FL 34276 City-State-Zip: SARASOTA FL 34276

Title **SECRETARY** Title **TREASURER**

Name TOZER, ALI Name SCHIAVULLI, TRACY

SUNRISE ESTATE HOA SUNRISE ESTATE HOA Address Address

P.O. BOX 21424 P.O. BOX 21424

City-State-Zip: SARASOTA FL 34276 City-State-Zip: SARASOTA FL 34276

HOA OF SGCE REPRESENTATIVE Title Title BOARD MEMBER, AT LARGE FOR SRMA & SRMA CUL-DE-SACS

Name JOHNSON, JODY Name SCHIAVULLI, DAVID SR.

SUNRISE ESTATE HOA Address

SRMA CUL-DE-SACS Address P.O. BOX 21424

PO BOX 21424 SARASOTA FL 34276

City-State-Zip: City-State-Zip: SARASOTA FL 34276

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.

04/19/2021 SIGNATURE: TRACY L. SCHIAVULLI **TREASURER**

Date

FILED Apr 19, 2021

Secretary of State

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