

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06620

**Entity Name:** SUNRISE ESTATES HOA, INC

**Current Principal Place of Business:**

5714 AUGUSTA CIRCLE  
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

04/15/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRUNEMAN, CLIFF  
Address        SUNRISE ESTATE HOA  
                  P.O. BOX 21424  
City-State-Zip: SARASOTA FL 34276

Title            VP  
Name            INGRATTA, SUE  
Address        SUNRISE ESTATE HOA  
                  P.O. BOX 21424  
City-State-Zip: SARASOTA FL 34276

Title            SECRETARY  
Name            SCHIAVULLI, TRACY  
Address        SUNRISE ESTATE HOA  
                  P.O. BOX 21424  
City-State-Zip: SARASOTA FL 34276

Title            TREASURER  
Name            BLUE, PATSY  
Address        SUNRISE ESTATE HOA  
                  P.O. BOX 21424  
City-State-Zip: SARASOTA FL 34276

Title            BOARD MEMBER  
Name            PALMER, CAROL  
Address        SUNRISE ESTATE HOA  
                  P.O. BOX 21424  
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.*

**SIGNATURE:** TRACY SCHIAVULLI

**SECRETARY**

04/15/2019

Electronic Signature of Signing Officer/Director Detail

Date