

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24962

Entity Name: SUNRISE AT FOUNTAIN LAKES NEIGHBORHOOD ASSOCIATION, INC.**FILED**
May 04, 2020
Secretary of State
0307861371CC**Current Principal Place of Business:**C/O PEGASUS PROPERTY MANAGEMENT
8840 TERRENE CT UNIT 102
BONITA SPRINGS, FL 34135**Current Mailing Address:**C/O PEGASUS PROPERTY MANAGEMENT
8840 TERRENE COURT UNIT 102
BONITA SPRINGS, FL 34135 US**FEI Number: 41-1613208****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CATLETT, SARA
8840 TERRENE CT
UNIT 102
BONITA SPRINGS, FL 34135 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: SARA CATLETT****05/04/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** DIRECTOR
Name ZIMBRO, BETTY
Address 8840 TERRENE CT
UNIT 102
City-State-Zip: BONITA SPRINGS FL 34135**Title** VP, SECRETARY
Name CAMPAU, VIC
Address 8840 TERRENE CT
UNIT 102
City-State-Zip: BONITA SPRINGS FL 34135**Title** DIRECTOR
Name HOKE, CARL
Address 22625 FORESTVIEW DRIVE
City-State-Zip: ESTERO FL 33928**Title** DIRECTOR
Name COVITZ, WILLIAM
Address 22581 ISALND LAKES DR
City-State-Zip: ESTERO FL 33928**Title** PRESIDENT, TREASURER
Name JARVIS, THELMA
Address 8840 TERRENE CT
SUITE 102
City-State-Zip: BONITA SPRINGS FL 34135

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: THELMA JARVIS**PRESIDENT****05/04/2020**

Electronic Signature of Signing Officer/Director Detail

Date