

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

DOCUMENT# N24962

**Entity Name:** SUNRISE AT FOUNTAIN LAKES NEIGHBORHOOD  
ASSOCIATION, INC.**FILED**  
**Mar 28, 2019**  
**Secretary of State**  
**7536980262CC****Current Principal Place of Business:**1016 COLLIER CENTER WAY #102  
NAPLES, FL 34110**Current Mailing Address:**1016 COLLIER CENTER WAY #102  
NAPLES, FL 34110 US**FEI Number: 41-1613208****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TOWNE PROPERTIES  
1016 COLLIER CENTER WAY #102  
NAPLES, FL 34110 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: MIKE TOWNS****03/28/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** DIRECTOR  
**Name** ZIMBRO, BETTY  
**Address** 3910 MARY ANN WAY  
**City-State-Zip:** ESTERO FL 33928**Title** DIRECTOR  
**Name** HOKE, CARL  
**Address** 22625 FORESTVIEW DRIVE  
**City-State-Zip:** ESTERO FL 33928**Title** PRESIDENT  
**Name** JARVIS, THELMA  
**Address** 1016 COLLIER CENTER WAY  
SUITE 102  
**City-State-Zip:** NAPLES FL 34110**Title** VP  
**Name** CAMPAU, VICTOR  
**Address** 1016 COLLIER CENTER WAY  
SUITE 102  
**City-State-Zip:** ESTERO FL 34110**Title** SECRETARY, TREASURER  
**Name** COVITZ, WILLIAM  
**Address** 22581 ISALND LAKES DR  
**City-State-Zip:** ESTERO FL 33928

*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: BETTY ZIMBRO****DIRECTOR****03/28/2019**

Electronic Signature of Signing Officer/Director Detail

Date