# 2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N29502

Entity Name: SUNRISE COMMUNITY, INC.

#### **Current Principal Place of Business:**

C/O SHERRI POTTER 9040 SUNSET DRIVE MIAMI, FL 33173

#### **Current Mailing Address:**

C/O SHERRI POTTER 9040 SUNSET DRIVE MIAMI, FL 33173 US

## FEI Number: 65-0118730

#### Name and Address of Current Registered Agent:

Certificate of Status Desired: No

WRAY, ZACHARY 9040 SUNSET DRIVE MIAMI, FL 33173 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	ZACHARY WRAY			10/27/2017	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	D	Title	D		
Name	YOUNG, PAULINE A	Name	TUCKER, GERRY		
Address	12805 SW 103 CT.	Address	8100 SW 133 COURT		
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33183		
Title	D	Title	Р		
Name	MCCARTHY, RICHARD H	Name	WRAY, ZACHARY		
Address	5041 SW 94 COURT	Address	9040 SUNSET DRIVE		
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33173		
Title	ST	Title	DIRECTOR		
Name	KELLEHER, JOHN F	Name	CROWTHER, CONNIE		
Address	9040 SUNSET DRIVE	Address	C/O SHERRI POTTER 9040 SUNSET DRIVE		
City-State-Zip:	MIAMI FL 33173	City-State-Zip:			
Title	DIRECTOR	Title	DIRECTOR		
Name	COKER, ROBERT	Name	LANK, BILL		
Address	C/O SHERRI POTTER 9040 SUNSET DRIVE	Address	C/O SHERRI POTTER 9040 SUNSET DRIVE		
City-State-Zip:	MIAMI FL 33173	City-State-Zip:			

#### Continues on page 2

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: SHERRI L. POTTER

ASST. SECRETARY 10/27/2017

Electronic Signature of Signing Officer/Director Detail

## FILED Oct 27, 2017 Secretary of State CC7724585874

Date

## **Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MCMACKIN, F J III
Address	C/O SHERRI POTTER 9040 SUNSET DRIVE
City-State-Zip:	MIAMI FL 33173
Title	DIRECTOR
Name	O'CONNELL, DANIEL J
Address	C/O SHERRI POTTER 9040 SUNSET DRIVE
City-State-Zip:	MIAMI FL 33173
Title	DIRECTOR
Name	JOSE, SOUTO
Address	C/O SHERRI POTTER 9040 SUNSET DRIVE
City-State-Zip:	MIAMI FL 33173
Title	DIRECTOR
Name	WETHERINGTON, GLORIA A
Address	C/O SHERRI POTTER 9040 SUNSET DRIVE
City-State-Zip:	MIAMI FL 33173
Title	DIRECTOR
Name	MCMACKIN, FRANK J IV
Address	C/O SHERRI POTTER 9040 SUNSET DRIVE
City-State-Zip:	MIAMI FL 33173
Title	DIRECTOR
Name	VANCE, KEVIN
Address	9040 SUNSET DRIVE
City-State-Zip:	MIAMI FL 33173
Title	DIRECTOR
Name	SOUTO, JOSE E JR.
Address	9040 SUNSET DRIVE
City-State-Zip:	MIAMI FL 33173
Title	DIRECTOR
Name	BRANDA, SAMANTHA
Address	C/O SHERRI POTTER 9040 SUNSET DRIVE
City-State-Zip:	

Title	DIRECTOR
Name	MUIR, WILLIAM P
Address	C/O SHERRI POTTER 9040 SUNSET DRIVE
City-State-Zip:	MIAMI FL 33173
Title	DIRECTOR
Name	PUJOL-PALACIOS, ROSE B
Address	C/O SHERRI POTTER 9040 SUNSET DRIVE
City-State-Zip:	MIAMI FL 33173
Title	DIRECTOR
Name	WEINGER, STEVEN M
Address	C/O SHERRI POTTER 9040 SUNSET DRIVE
City-State-Zip:	MIAMI FL 33173
Title	DIRECTOR
Name	MORING, ROBERT H
Address	C/O SHERRI POTTER 9040 SUNSET DRIVE
City-State-Zip:	MIAMI FL 33173
Title	DIRECTOR
Name	HICKS, GREGORY
Address	9040 SUNSET DRIVE
City-State-Zip:	MIAMI FL 33173
Title	DIRECTOR
Name	ARMOUR, RUSSELL
Address	9040 SUNSET DRIVE
City-State-Zip:	MIAMI FL 33173
Title	DIRECTOR
Name	OWENS, WILLIAM
Address	4001 TAMIAMI TRAIL NORTH C/O BOND SCHOENECK & KING #250
City-State-Zip:	NAPLES FL 34103
Title	ASST. SECRETARY
Name	POTTER, SHERRI L
Address	9040 SUNSET DRIVE
City-State-Zip:	MIAMI FL 33173