

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90015 006 ****61.25

DOCUMENT # 724629 1. Entity Name SUNRISE COVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business SUNRISE COVE CONDO ASSOC 2477 STICKNEY POINT ROAD, STE 118A SARASOTA FL 34231			Mailing Address SUNRISE COVE CONDO ASSOC 2477 STICKNEY POINT ROAD, STE 118A SARASOTA FL 34231		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		1st MOORE CR2E037 (10/07)	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1507154 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HAMMERLING, WALTER E 2477 STICKNEY POINT ROAD, STE 118A SARASOTA FL 34231	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HULLOCK, GEORGE 9011 MIDNIGHT PASS RD., #330 SARASOTA FL 34242 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ron Roth 9011 Midnight Pass Rd. #329 Sarasota FL 34242 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	K Lih ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Margaret Wilson 8897 Midnight Pass Rd #304 Sarasota FL 34242 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Date _____ Ck # _____ ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP George K. Porey 8877 Midnight Pass #322 Sarasota FL 34242 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amt <u>61.25</u> Acct # <u>7830</u> ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRC Sig. ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.