

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724629

FILED
Feb 12, 2009
Secretary of State

Entity Name: SUNRISE COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

SUNRISE COVE CONDO ASSOC
2477 STICKNEY POINT ROAD, STE 118A
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

SUNRISE COVE CONDO ASSOC
2477 STICKNEY POINT ROAD, STE 118A
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 59-1507154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMERLING, WALTER E
2477 STICKNEY POINT ROAD, STE 118A
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HULLOCK, GEORGE
Address: 9011 MIDNIGHT PASS RD., #330
City-St-Zip: SARASOTA, FL 34242

Title: P () Delete
Name: ROTH, RON
Address: 9011 MIDNIGHT PASS RD. #329
City-St-Zip: SARASOTA, FL 34242

Title: VP () Delete
Name: KAFOUREY, GEORGE
Address: 877 MIDNIGHT PASS # 322
City-St-Zip: SARASOTA, FL 34242

Title: S () Delete
Name: WILSON, MARGARET
Address: 8897 MIDNIGHT PASS ROAD # 304
City-St-Zip: SARASOTA, FL 34242

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: KRAMLI, LARRY
Address: 8897 MIDNIGHT PASS ROAD #202
City-St-Zip: SARASOTA, FL 34242

Title: VP (X) Change () Addition
Name: HARVEY, CRAIG
Address: 8911 MIDNIGHT PASS ROAD #409
City-St-Zip: SARASOTA, FL 34242

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS () Change (X) Addition
Name: HAMMERLING, WALTER E
Address: 2477 STICKNEY POINT ROAD STE 118A
City-St-Zip: SARASOTA, FL 34231

Title: D () Change (X) Addition
Name: CRIFFIELD, MEL
Address: 8977 MIDNIGHT PASS ROAD #423
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MAUREEN SCHOENING

MGR

02/12/2009

Electronic Signature of Signing Officer or Director

Date