

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 731591 (4)**

1. Corporation Name

**SUNRISE COMMUNITY ASSOCIATION, INC.**



Principal Place of Business: **502 NW 75TH STREET, SUITE 293 GAINESVILLE FLORIDA 32607**  
Mailing Address: **502 NW 75TH STREET, SUITE 293 GAINESVILLE FLORIDA 32607**

3. Date incorporated or Qualified: **01/08/1975**  
3a. Date of Last Report: **04/05/1995**  
4. FEI Number: **59-1645085**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**DAU TEL, JEFF**  
~~1726 SW 77TH TERRACE~~  
**GAINESVILLE FL 32607**

*address change* →

81 Name: **DAU TEL, JEFF**  
82 Street Address (P.O. Box Number is Not Acceptable): **502 NW 75TH ST. SUITE 293**  
83  
84 City: **GAINESVILLE** FL 85 Zip Code: **32607**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when re-registering)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	DPV	<input checked="" type="checkbox"/> CHANGE <input checked="" type="checkbox"/> DELETE
NAME	DAU TEL, JEFF	
STREET ADDRESS	<del>1726 SW 77TH TERRACE</del> 1217 SW 80TH DR	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, DODO	
STREET ADDRESS	1722 SW 76TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DS	<input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE
NAME	STORTZ, JANICE	
STREET ADDRESS	1808 SW 78TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE
NAME	ELF, BRIAN	
STREET ADDRESS	1816 SW 81ST TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, DODO	
STREET ADDRESS	1722 SW 76TH TERR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CARNES, TANDY	
1.3 STREET ADDRESS	7711 SW 18TH PLACE	
1.4 CITY-ST-ZIP	GAINESVILLE FL 32607	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GEHMAN, RICHARD	
2.3 STREET ADDRESS	1907 SW 81ST TERRACE	
2.4 CITY-ST-ZIP	GAINESVILLE FL 32607	
3.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAU TEL, JEFF	
3.3 STREET ADDRESS	1217 SW 80TH DR	
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32607	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*JEFF DAU TEL*

4-11-96

Date

(904) 331-5394

Daytime Phone #

CR2E037 (12/95)