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**Mar 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/08/1975	
4. FEI Number 59-1645085	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
City & State 23	City & State 27
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

~~DAUTEL, JEFF~~
**502 NW 75TH STREET
SUITE 293
GAINESVILLE FL 32607**

10. Name and Address of New Registered Agent

81 Name **ELF, BRYON**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

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]* **BRYON F. ELF** **3-10-98**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE OP	<input checked="" type="checkbox"/> DELETE
NAME DANTEL, JEFF	
STREET ADDRESS 1217 SW 80TH DRIVE	
CITY-ST-ZIP GAINESVILLE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME CARNES, TANDY	
STREET ADDRESS 7711 SW 18TH PLACE	
CITY-ST-ZIP GAINESVILLE FL	
TITLE DS	<input type="checkbox"/> DELETE
NAME STORTZ, JANICE	
STREET ADDRESS 1808 SW 78TH ST	
CITY-ST-ZIP GAINESVILLE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME ELF, BRIAN	
STREET ADDRESS 1816 SW 81ST TERRACE	
CITY-ST-ZIP GAINESVILLE FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME GEHMAN, RICHARD	
STREET ADDRESS 1907 SW 81ST TERRACE	
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/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME JACKSON, LES	
1.3 STREET ADDRESS 1624 SW 77TH TERRACE	
1.4 CITY-ST-ZIP GAINESVILLE FL 32607	
2.1 TITLE D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME ELF, BRYON	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE D/	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME MILLER, KIM	
5.3 STREET ADDRESS 1631 SW 76TH TERRACE	
5.4 CITY-ST-ZIP GAINESVILLE FL 32607	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* **BRYON F. ELF** **3-10-98** **852-376-5651**

CR2E037 (10/97)