

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90028 007 \*\*\*\*61.25

**DOCUMENT # 731591**

1. Entity Name

**SUNRISE COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

502 NW 75TH STREET, SUITE 293  
 GAINESVILLE FLORIDA 32607

502 NW 75TH STREET, SUITE 293  
 GAINESVILLE FLORIDA 32607-1676

2) Sunrise Community Assn., Inc. Sunrise Community Assn., Inc.  
 7257 NW 4th Blvd. #275 7257 NW 4th Blvd. #275  
 Gainesville, FL 32607-1681 Gainesville, FL 32607-1681



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1645085** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOWLAN, RICHARD**  
 7427 SW 19TH PL  
 GAINESVILLE FL 32607

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.

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

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Delete
NAME	BOWLAN, RICK	
STREET ADDRESS	7827 SW 19TH PL	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CARNES, TANDY	
STREET ADDRESS	7711 SW 18TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	STORTZ, JANICE	
STREET ADDRESS	1808 SW 78TH ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ELF, BRYON	
STREET ADDRESS	1816 SW 81ST TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, KIM	
STREET ADDRESS	1631 SW 76TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMOTHY CONWAY	
STREET ADDRESS	1826 SW 81ST TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM D. GAYLE	
STREET ADDRESS	1726 SW 77TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *[Signature]* SIGNATURE: REQUIERED *MARY TANDY CARNES* 4/13/00 352-332-7411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #