

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90238 009 \*\*\*\*61.25

**DOCUMENT # 731591**

1. Entity Name

**SUNRISE COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

7257 NW 4TH BLVD  
 #275  
 GAINESVILLE FL 32607-1681

Mailing Address

7257 NW 4TH BLVD  
 #275  
 GAINESVILLE FL 32607-1681

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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

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.

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input 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		<input 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)(j), 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: *Kim Miller*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *2/6/2001*  
 Daytime Phone #: *352-332-7411*

CR2E037 (10/00)