


# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 731591</b> 1. Entity Name <b>SUNRISE COMMUNITY ASSOCIATION, INC.</b>	
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Principal Place of Business 7257 NW 4TH BLVD #275 GAINESVILLE, FL 32607-1681	Mailing Address 7257 NW 4TH BLVD #275 GAINESVILLE, FL 32607-1681
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country
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FILED

04 SEP -9 AM 8:47

SECRETARY



08262004    Chg-NP    CR2E037 (10/03)    *tk*

4. FEI Number <b>59-1645085</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  BOWLAN, RICHARD 7427 SW 19TH PL GAINESVILLE, FL 32607	<b>7. Name and Address of New Registered Agent</b> Name <b>TIMOTHY O. AUSTIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1710 SW 76th TERRACE</b> City <b>GAINESVILLE</b> <b>FL</b> Zip Code <b>32607-3418</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]*    **TIMOTHY O. AUSTIN**    **9-3-04**

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

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees.	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOWLAN, RICK 7827 SW 19TH PL GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CARNES, TANDY 7711 SW 18TH PLACE GAINESVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900041066979</b> <b>09/14/04--01062--013 *\$61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONWAY, TIMOTHY 1826 SW 81ST TERR GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GAREY, BRYAN 1709 SW 76TH TERRACE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AUSTIN, TIMOTHY O 1710 SW 76TH TERRACE GAINESVILLE, FL 326073418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KENDAL E. HARR 7805 SW 19th PLACE GAINESVILLE FL 32607-4167 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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]*    **TIMOTHY O. AUSTIN**    **9/3/04**    **352-332-1914**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #