


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 731591</b> 1. Entity Name <b>SUNRISE COMMUNITY ASSOCIATION, INC.</b>	
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Principal Place of Business <b>7257 NW 4TH BLVD #275 GAINESVILLE, FL 32607-1681</b>	Mailing Address <b>7257 NW 4TH BLVD #275 GAINESVILLE, FL 32607-1681</b>
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**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent  <b>AUSTIN, TIMOTHY O 1710 S W 76TH TERRACE GAINESVILLE, FL 32607-3418</b>	<b>DO NOT WRITE IN THIS SPACE</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, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>1100000182019 01/19/05-80012-005 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HARR, KENDAL E 7805 S W 19TH PLACE GAINESVILLE, FL 326074167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CARNES, TANDY 7711 SW 18TH PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONWAY, TIMOTHY 1826 SW 81ST TERR GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GAREY, BRYAN 1709 SW 76TH TERRACE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AUSTIN, TIMOTHY O 1710 SW 76TH TERRACE GAINESVILLE, FL 326073418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE:</b> 	<b>TIMOTHY O. AUSTIN</b>	Date <b>1/14/05</b>	Daytime Phone #
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