


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90053 004 \*\*\*\*61.25

**DOCUMENT # 731591**

1. Entity Name  
**SUNRISE COMMUNITY ASSOCIATION, INC.**



40000000

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 - No P.O. Box #  
**1710 SW 76TH TERRACE**

3. Mailing Address  
**1710 SW 76TH TERRACE**

Suite, Apt. #, etc.

02212007 Chg-NP CR2E037 (12/06)

City & State  
**GAINESVILLE FL**

City & State  
**GAINESVILLE FL**

Zip  
**32607-3418**

Country  
**USA**

Zip  
**32607-3418**

Country  
**USA**

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

**AUSTIN, TIMOTHY O**  
**1710 S W 76TH TERRACE**  
**GAINESVILLE, FL 32607-3418**

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. 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

**Filing Fee is \$61.25**  **Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARVIN, GIA</b> <b>8018 SW 17TH PL</b> <b>GAINESVILLE, FL 326073444</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KRAUSE, ALBERT</b> <b>1721 SW 76TH TERRACE</b> <b>GAINESVILLE FL 32607-3418</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>CARNES, TANDY</b> <b>7711 SW 18TH PLACE</b> <b>GAINESVILLE, FL</b> <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	<b>D</b> <b>ALEXANDER, DORIS W</b> <b>1722 SW 76 TERR</b> <b>GAINESVILLE, FL 32607</b> <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	<b>DT</b> <b>GAREY, BRYAN</b> <b>1709 SW 76TH TERRACE</b> <b>GAINESVILLE, FL 32607</b> <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	<b>DP</b> <b>AUSTIN, TIMOTHY O</b> <b>1710 SW 76TH TERRACE</b> <b>GAINESVILLE, FL 326073418</b> <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* **2/22/2007** **352-332-1914**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #