


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90089 025 ****61.25

DOCUMENT # 731591
 1. Entity Name
SUNRISE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**1710 SW 76TH TERR.
 GAINESVILLE, FL 32607-1681**

Mailing Address
**1710 SW 76TH TERR.
 GAINESVILLE, FL 32607-1681**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number
59-1645085

Applied For
 Not Applicable

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

40002702



01072008 Chg-NP CR2E037 (12/06)

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

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ARVIN, GIA	
STREET ADDRESS	8018 SW 17TH PL	
CITY-ST-ZIP	GAINESVILLE, FL 326073444	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	CARNES, TANDY	
STREET ADDRESS	7711 SW 18TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAUSE, ALBERT	
STREET ADDRESS	1721 SW 76TH TERR.	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GAREY, BRYAN	
STREET ADDRESS	1709 SW 76TH TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	DP	<input type="checkbox"/> Delete
NAME	AUSTIN, TIMOTHY O	
STREET ADDRESS	1710 SW 76TH TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 326073418	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHUH, DIANA	
STREET ADDRESS	1802 SW 78th ST.	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	DVP	<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		<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 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: TIMOTHY O. AUSTIN *[Signature]* **President** 1/11/2008 352-332-1914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #