2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State
02-22-2006 90007 026 ****61.25

DOCUMENT # 741840

1. Entity Name
SUNRISE GOLF CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6200 DRAW LN SARASOTA, FL 34238	~~% GLORIA HEIDEMANN~~ ~~6646 DRAW LANE~~ ~~SARASOTA, FL 34238~~ See below

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01092006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1804193

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NICHTER, JOANNE 6642 DRAW LANE SARASOTA, FL 34238	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 Joanne Nichter Joanne Nichter

Signature, typed or printed name of registered agent and date. Required when changing registered agent. DATE

Filing Fee is $61.25
Due by May 1, 2006

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	V GERRITY, PATRICIA 6417 DRAW LANE SARASOTA, FL 34238	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S NICHTER, JOANNE 6546 DRAW LANE SARASOTA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD WILSON, NORENE W. 6592 DRAW LANE SARASOTA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BROWNFIELD, DAVID 6642 DRAW LANE SARASOTA, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GREENE, DAVID 6477 DRAW LANE SARASOTA, FL. 34238	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD LENTZ, JAMES 6539 DRAW LANE SARASOTA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MORRISON, JOHN 6559 DRAW LANE SARASOTE, FL 34238	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does 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: Norene W. Wilson NORENE W. WILSON, PRESIDENT 2-14-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date