

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741840

FILED
Feb 09, 2009
Secretary of State

Entity Name: SUNRISE GOLF CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6200 DRAW LN
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

C/O JOANNE NICTER
6542 DRAW LANE
SARASOTA, FL 34238

New Mailing Address:

FEI Number: 59-1804193 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NICTER, JOANNE
6542 DRAW LANE
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: GERRITY, PATRICIA
Address: 6417 DRAW LANE
City-St-Zip: SARASOTA, FL 34238

Title: S () Delete
Name: NICTER, JOANNE
Address: 6542 DRAW LANE
City-St-Zip: SARASOTA, FL

Title: PD () Delete
Name: WILSON, NORENE W.,
Address: 6592 DRAW LANE
City-St-Zip: SARASOTA, FL

Title: T () Delete
Name: GREENE, DAVID
Address: 6477 DRAW LANE
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: LENTZ, JAMES
Address: 6539 DRAW LANE
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: MORRISON, JOHN
Address: 6559 DRAW LANE
City-St-Zip: SARASOTE, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DEERE, NORMAN
Address: 6406 DRAW LANE
City-St-Zip: SARASOTA, FL 34238

Title: D (X) Change () Addition
Name: MORRISON, JOHN
Address: 6559 DRAW LANE
City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORENE W. WILSON

PRES

02/09/2009

Electronic Signature of Signing Officer or Director

_____ Date