


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90032 027 \*\*\*\*61.25

<b>DOCUMENT # 749734</b> 1. Entity Name <b>SUNRISE ROAD MAINTENANCE ASSOCIATION, INC.</b>					
Principal Place of Business <b>6592 DRAW LANE</b> <b>SARASOTA, FL 34238 US</b>			Mailing Address <b>6592 DRAW LANE</b> <b>SARASOTA, FL 34238 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0137170</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>WILSON, NOREME W</b> <b>6592 DRAW LANE</b> <b>SARASOTA, FL 34238</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE <b>Norene W. Wilson, President</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>3/10/05</b> <small>(NOTE: Registered Agent signature required when reconstituting)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CARNEY, ROBERT</b> <b>5703 DORAL COURT</b> <b>SARASOTA, FL 34238</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	S <b>MCDEVITT, ALICE</b> <b>6329 APPROACH RD</b> <b>SARASOTA, FL 34238</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	D <b>GREENE, DAVID</b> <b>5710 DRAW LANE</b> <b>SARASOTA, FL 34238</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Sumegi, Eugene</b> <b>6243 Draw Lane</b> <b>Sarasota, FL 34238</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WILSON, NORENE W</b> <b>6592 DRAW LANE</b> <b>SARASOTA, 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	V <b>HILL, HELEN</b> <b>6519 APPROACH RD</b> <b>SARASOTA, FL 34238</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	T <b>KOMAREK, RAYMOND</b> <b>6837 APPROACH RD.</b> <b>SARASOTA, FL 34238</b>	<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 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.					
SIGNATURE <b>Norene W. Wilson, President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>3/10/05</b> Daytime Phone # <b>941-922-5884</b>	

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