2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# 749734

Entity Name: SUNRISE ROAD MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

6592 DRAW LANE
SARASOTA, FL 34238 US

New Principal Place of Business:

Current Mailing Address:

6592 DRAW LANE
SARASOTA, FL 34238 US

New Mailing Address:

FEI Number: 65-0137170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, NORENE W
6592 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:	D	( ) Delete
Name:	ENOS, RICHARD	
Address:	6341 APPROACH RD	
City-St-Zip:	SARASOTA, FL 34238	
Title:	S	( ) Delete
Name:	BROWN, HELEN	
Address:	6517 APPROACH RD	
City-St-Zip:	SARASOTA, FL 34238	
Title:	D	( ) Delete
Name:	SUMEGI, EUGENE	
Address:	6243 DRAW LANE	
City-St-Zip:	SARASOTA, FL 34238	
Title:	P	( ) Delete
Name:	WILSON, NORENE W	
Address:	6592 DRAW LANE	
City-St-Zip:	SARASOTA, FL	
Title:	V	( ) Delete
Name:	TEPPLER, STEVEN	
Address:	5715 FIRESTONE CT	
City-St-Zip:	SARASOTA, FL 34238	
Title:	T	( ) Delete
Name:	KOMAREK, RAYMOND	
Address:	6837 APPROACH RD.	
City-St-Zip:	SARASOTA, 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 03/11/2009

Electronic Signature of Signing Officer or Director — Date