2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 753475

1. Entity Name
SUNRISE COMMUNITY LAND OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4125 PECAN BRANCH RD. TALLAHASSEE, FL 32309 US	4125 PECAN BRANCH RD. TALLAHASSEE, FL 32309 US

DO NOT WRITE IN THIS SPACE

02012005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2946744

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCANLON, ROBERT
3989 SUNHAWK BLVD.
TALLAHASSEE, FL 32309

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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 the date above (NOTE: Registered Agent's signature required when changing)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GADLESS, BONNIE
STREET ADDRESS	3989 SUNHAWK BLVD.
CITY ST ZIP	TALLAHASSEE, FL 32309
TITLE	SD
NAME	NEWTON, LAURA
STREET ADDRESS	4541 PECAN BRANCH RD
CITY ST ZIP	TALLAHASSEE, FL 32309
TITLE	TD
NAME	LAWSON, DEBORAH
STREET ADDRESS	4125 PECAN BRANCH RD
CITY ST ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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04/05/05-80006-004 61.25

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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: Deborah Lawson Treas. 4/4/05 850-878-1606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Deborah E Lawson Date Daytime Phone #