

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755932

FILED
Jan 20, 2009
Secretary of State

Entity Name: VILLAS OF SUNRISE OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1626 SUNRISE BLVD.
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

1626 SUNRISE BLVD.
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 59-2169110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TICE, JAMES E
16220 SW 280TH STREET
HOMESTEAD, FL 33031 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: P () Delete
Name: BROWN, CORNITA
Address: 1626 SUNRISE BLDV.
City-St-Zip: HOMESTEAD, FL 33033

Title: V () Delete
Name: WYATT, JAMES
Address: 18963 SW 309TH STREET
City-St-Zip: HOMESTEAD, FL 330303840

Title: T () Delete
Name: WHITE, WANETA
Address: 17405 SW 267TH LANE
City-St-Zip: HOMESTEAD, FL 33031

Title: S () Delete
Name: CEVALLOS, KATIUSKA
Address: 1642 SUNRISE BLVD.
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, CORNITA
Address: 1626 SUNRISE BLVD.
City-St-Zip: HOMESTEAD, FL 33033

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: CORNITA BROWN

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date