

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760853

FILED
Feb 17, 2009
Secretary of State

Entity Name: SUNRISE SQUARE VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4716 SUNNY LOOP
HOLIDAY, FL 34690

New Principal Place of Business:

Current Mailing Address:

4716 SUNNY LOOP
HOLIDAY, FL 34690

New Mailing Address:

FEI Number: 59-2377987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKERCHER, JUDITH A
1813 RISING SUN DR
HOLIDAY, FL 34690 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: VP () Delete
Name: BASTIEN, BILL
Address: 4731 SUNNY LOOP
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: THERESE, BLEE
Address: 4706 SUNNY LOOP
City-St-Zip: HOLIDAY, FL 34690

Title: T () Delete
Name: MCKERCHER, JUDITH A
Address: 1813 RISING SUN DR
City-St-Zip: HOLIDAY, FL 34690

Title: SD () Delete
Name: ELAINE, CHARPIN
Address: 4746 SUNNYWOOD
City-St-Zip: HOLIDAY, FL

Title: P () Delete
Name: BETANCOURT, LEO
Address: 4700 SUNNY LOOP
City-St-Zip: HOLIDAY, FL 34690

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:

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: JUDITH MCKERCHER

T

02/17/2009

Electronic Signature of Signing Officer or Director

Date