

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760853

**FILED**  
**Jan 12, 2011**  
**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  
Name: BASTIEN, BILL  
Address: 4731 SUNNY LOOP  
City-St-Zip: HOLIDAY, FL 34690

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JUDITH MCKERCHER

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01/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date