2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 764562

Entity Name: SUNRISE VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4131 GUNN HWY
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

4131 GUNN HWY
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 59-2895180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEIROSE & FRISCIA, PA
5550 W. EXECUTIVE DR, STE. 250
TAMPA, FL 33609 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: FERNANDEZ, ZOILA
Address: 3404 SUNRISE VILLAS COURT NORTH
City-St-Zip: TAMPA, FL 33614 US

Title: PD ( ) Delete
Name: MORGAN, BILL
Address: 6408 MORNING ROSE PLACE
City-St-Zip: TAMPA, FL 33614 US

Title: VPST ( ) Delete
Name: WILLA, MONICA
Address: 3410 SUNRISE VILLAS G.N
City-St-Zip: TAMPA, FL 33614 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPS (X) Change ( ) Addition
Name: FERNANDEZ, ZOILA
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618 US

Title: PD (X) Change ( ) Addition
Name: MORGAN, BILL
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618 US

Title: VPT (X) Change ( ) Addition
Name: WILLA, MONICA
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618 US

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: BILL MORGAN PD 04/16/2009

Electronic Signature of Signing Officer or Director — Date