

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

DOCUMENT# 764562

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**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: VPS  
Name: FERNANDEZ, ZOILA  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618 US

Title: PD  
Name: MORGAN, BILL  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618 US

Title: VPT  
Name: WILLA, MONICA  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618 US

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: BILL MORGAN

PD

03/24/2011

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

\_\_\_\_\_  
Date