

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:09**

DOCUMENT # 765061 (7)

1. Corporation Name
SUNRISE OWNERS GROUP, INC.

Principal Place of Business Mailing Address
~~2180 W SR 434~~ ~~2180 W SR 434~~
~~SUITE 5000~~ ~~SUITE 5000~~
~~LONGWOOD FL 32779~~ ~~LONGWOOD FL 32779~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/28/1982** 3a. Date of Last Report **04/11/1994**
4. FBI Number **59-2278917** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 1066 Las Cruces Dr 26 1066 Las Cruces Dr
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State Winter Springs FL 28 City & State Winter Springs FL
24 Zip 32708 25 Country USA 29 Zip 32708 30 Country USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

~~GAUTHIER, PIERRE~~
~~2180 W SR 434~~
~~SUITE 5000~~
~~LONGWOOD FL 32779~~

10. Name and Address of New Registered Agent

B1 Name **Wanda Decker**
B2 Street Address (P.O. Box Number is Not Acceptable) **1066 Las Cruces Drive**
B3
B4 City **Winter Springs** FL B5 Zip Code **32708**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAERA, RALPH
STREET ADDRESS	1381 PONCE DE LEON BLVD
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	VD
NAME	WASIK, ED
STREET ADDRESS	1253 RISING SUN BLVD
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	VP
NAME	ROSENBERG, ALAN
STREET ADDRESS	1178 MAPIMI CT
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	VP
NAME	MARINO, GERRY
STREET ADDRESS	1283 PUNTA GORDA CIRCLE
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	PD
NAME	DECKER, WANDA
STREET ADDRESS	1066 LAS CRUCES DR.
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	SD
NAME	HENCH, MARILYN
STREET ADDRESS	1082 CONDOR DRIVE
CITY - ST - ZIP	WINTER SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GREENWALD, MARTY	
1.3 STREET ADDRESS	1401 BARCELONA CT	
1.4 CITY - ST - ZIP	WINTER SPRINGS FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WATTS, JOHN	
3.3 STREET ADDRESS	1050 LAS CRUCES	
3.4 CITY - ST - ZIP	WINTER SPRINGS FL	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NEWHOUSE, CHARLOTTE	
4.3 STREET ADDRESS	1396 SAN DIEGO CT	
4.4 CITY - ST - ZIP	WINTER SPRINGS FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: Wanda Decker 3/7/95 407-845-8191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone No)