

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 765061 (7)
1. Corporation Name
SUNRISE OWNERS GROUP, INC.



Principal Place of Business: 1066 LAS CRUCES DR SUITE 5000 WINTER SPRINGS FL 32708 US
Mailing Address: 1066 LAS CRUCES DR SUITE 5000 WINTER SPRINGS FL 32708 US

3. Date Incorporated or Qualified: 10/28/1982
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 2170 SR 434 W. Suite 384 Longwood, FL 32779 Seminole
2a. Mailing Address: P.O. BOX 3566 Winter Springs, FL 32708 Seminole
4. FEI Number: 59-2278917
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: VINCENT, P 237 HUNT CLUB BLVD., #201 LONGWOOD FL 32779
10. Name and Address of New Registered Agent: Sherie L. Morhaus 2170 SR 434 West Suite 384 Longwood FL 32779

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0508, Florida Statutes.
SIGNATURE: *Sherie L. Morhaus* DATE: 4-30-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD NAME: GREENWALD, MARTY STREET ADDRESS: 1401 BARCELONA CT CITY-ST-ZIP: WINTER SPRINGS FL	<input type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: DEMARCO, TONY 1.3 STREET ADDRESS: 1397 MADRID WAY 1.4 CITY-ST-ZIP: WINTER SPRINGS, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: WASIK, ED STREET ADDRESS: 1253 RISING SUN BLVD CITY-ST-ZIP: WINTER SPRINGS FL	<input type="checkbox"/> DELETE	2.1 TITLE: D 2.2 NAME: WASIK, ED 2.3 STREET ADDRESS: 1253 RISING SUN BLVD. 2.4 CITY-ST-ZIP: WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WATTS, JOHN STREET ADDRESS: 1050 LAS CRUCES CITY-ST-ZIP: WINTER SPRINGS FL	<input type="checkbox"/> DELETE	3.1 TITLE: VD 3.2 NAME: DAN WHEELER 3.3 STREET ADDRESS: 1300 ORTEGA 3.4 CITY-ST-ZIP: WINTER SPRINGS, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: NEWHOUSE, CHARLOTTE STREET ADDRESS: 1396 SAN DIEGO CT CITY-ST-ZIP: WINTER SPRINGS FL	<input type="checkbox"/> DELETE	4.1 TITLE: TD 4.2 NAME: SMITH, BETTY 4.3 STREET ADDRESS: 1287 LAS CRUCES 4.4 CITY-ST-ZIP: WINTER SPRINGS, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: DECKER, WANDA STREET ADDRESS: 1066 LAS CRUCES DR. CITY-ST-ZIP: WINTER SPRINGS FL	<input type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: NEWHOUSE, JOE 5.3 STREET ADDRESS: 1396 SAN DIEGO COURT 5.4 CITY-ST-ZIP: WINTER SPRINGS, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: HENCH, MARILYN STREET ADDRESS: 1082 CONDOR DRIVE CITY-ST-ZIP: WINTER SPRINGS FL	<input type="checkbox"/> DELETE	6.1 TITLE: D 6.2 NAME: TUA, PHIL 6.3 STREET ADDRESS: 1242 LAS CRUCES 6.4 CITY-ST-ZIP: WINTER SPRINGS, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betty Smith* DATE: 4/30/96 DAYTIME PHONE #: (407) 696-0090

CR2E037 (12/95)