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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

765061

(7)

SUNRISE OWNERS GROUP, INC.

FILED Apr 13 1998 8:00am Secretary of State

Principal Place of Business 2170 SR 434 WEST SUITE 384 LONGWOOD FL 32779 US 2. Principal Place of Business 2a. Mailing Address US 4. FEI Number Suite, Apt. #, etc. Sui	
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LONGWOOD FL 32779 US 10/28/1982	
US 4. FEI Number Applied F 59-2278917 Not Applied F 59-2278917 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Addition Fee Required Suite, Apt. #, etc. 6. Election Campaign Financing F 5.00 May Be Added to Fees City & State City & State City & State This corporation a homeowners association? 28 Yes No No Yes No No Yes No No Personal Property Tax due June 30. Yes No No Personal Property Tax due June 30. Yes No No No No No No No N	
2. Principal Place of Business 2. Addition Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Resonal Property Tax due June 30. Name and Address of Current Registered Agent MORHOUS, SHERIE L 2170 SE 434 WEST SUITE 384 LONGWOOD FL 32779 Tours Fund Contribution Fee Required Status Desired Status De	
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Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City & State City & State Zip Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. Yes No Name and Address of Current Registered Agent MORHOUS, SHERIE L ZITO SE 434 WEST SUITE 384 LONGWOOD FL 32779 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corpodition submits this statement for the purpose of changing its regist office or registered agent, or both, in the Spree of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the polipitiment as registe SIGNATURE Suite Address (P.O. Box Number is Not Acceptable) Zip Code Trust Fund Contribution Added to Fees To st his nonprofit corporation a homeowners association? Added to Fees To st his nonprofit corporation a homeowners association? Signature To st his nonprofit corporation a homeowners association? Added to Fees To st his nonprofit corporation a homeowners association? Signature To st his nonprofit corporation a homeowners association? Added to Fees To st his nonprofit corporation a homeowners association? Added to Fees To st his nonprofit corporation a homeowners association? Signature To st his nonprofit corporation a homeowners association? St his corporation owes or has paid the current year Intangible To st his nonprofit corporation a homeowners association? St his corporation owes or has paid the current year Intangible To st his nonprofit corporation owes or homeowners association? St his corporation owes or has paid the current year Intangible To sup a financing To su	al
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Zip Country Zip Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Name and Address of Current Registered Agent Northous, Sherie L 2170 SE 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 regist office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registe agent. I am bridger with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Name Marilyn C. Campbell 82 Street Address (P.O. Box Number is Not Acceptable) 21 70 5 2 434 WEST 83 5 4 7 7 8 8 7 2 ip Code 3 2 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 8 7 7 8 7 7 8 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	
24 25 29 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 81 Name Marilyn C. Campbell 82 Street Address (P.O. Box Number is Not Acceptable) 2170 SE 434 WEST SUITE 384 LONGWOOD FL 32779 83 Suite 384 City Longwood FL 85 Zip Code 3 2 7 7 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corpodation submits this statement for the purpose of changing its regist 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 registe agent. I am brilly at with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE	
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SIGNATURE A CHICAN CHICAGO WALKELL	red ered
Signature, typed or printed name / registered agent and titled applicable. (NOTE: Registered Agent signature required when reinstalling) DATE OPENSION AND DISCOVERS AND	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1D DELETE 1.1 TITLE Change ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	dition
The state of the s	name :
NAME HOULE, JODY STREET ADDRESS 1418 LA PALOMA CIRCLE 1.3 STREET ADDRESS	
CITY-ST-ZIP WINTER SPRINGS FL 32708	
	dition
NAME WASIK, ED 22 NAME	
STREET ADDRESS 1253 RISING SUN BLVD 23 STREET ADDRESS	
CITY-ST-ZIP WINTER SPRINGS FL 2 4 CITY-ST-ZIP	4.1117
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NAME TATUM, DAVE 5.2 NAME	
STREET ADDRESS 1364 ORTEGA STREET 5.3 STREET ADDRESS	
CITY-ST-ZIP WINTER SPRINGS FL 32708 5.4 CITY-ST-ZIP Change A	ddition
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NAME HENCH, MARILYN STREET ADDRESS 1082 CONDOR DRIVE 6.2 NAME 6.3 STREET ADDRESS	
NAMES OF THE PROPERTY OF THE P	
14. The best the interesting a worked with this filling does not qualify for the exampling stated in Cooting 110 07/2V/). Floridg Statutes, I further certify that the inform	ation
In Prefer of Certify that the immater applied with its filling does not quality for the exemptions stated in Sacrotin 1990. Total activity 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 cettify that I am officer or director of the corporation or the receiver or trustee empowered to execute his 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.	