


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765061

1. Corporation Name
SUNRISE OWNERS GROUP, INC.

Principal Place of Business 190 NORTH WESTMONTE DR. ALTAMONTE SPRINGS FL 32714 US	Mailing Address 190 NORTH WESTMONTE DR. ALTAMONTE SPRINGS FL 32714 US
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/28/1982
22 Suite, Apt. #, etc. STE 100	26 Suite, Apt. #, etc. STE 100	4. FEI Number 59-2278917
23 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
24 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	29 Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CAMPBELL, MARILYN C 2170 SE 434 WEST SUITE 384 LONGWOOD FL 32779		81 Name 82 190 N WESTMONTE DR STE 100 83 ALTAMONTE SPRINGS FL 32714 84 85 Zip Code	

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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOULE, JODY 1418 LA PALOMA CIRCLE WINTER SPRINGS FL 32708 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V/D BELLING, KENNETH 1338 SAN FELIPE CT WINTER SPRINGS FL 32708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WASIK, ED 1253 RISING SUN BLVD WINTER SPRINGS FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATTS, JOHN 1050 LAS CRUCES WINTER SPRINGS FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T/D TOYNBEE, DEBORAH 1414 LA PALOMA WINTER SPRINGS FL 32708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDRICK, DEMETRIA 958 EL LAGO TERRACE WINTER SPRINGS FL 32708 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D RODRIGUEZ, JOSE 987 EL LAGO TERR WINTER SPRINGS FL 32708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TATUM, DAVE 1364 ORTEGA STREET WINTER SPRINGS FL 32708 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D GIDDEUS, DAVID 1178 MAPIMI CT WINTER SPRINGS FL 32708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENCH, MARILYN 1082 CONDOR DRIVE WINTER SPRINGS FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D LeLIEVIRE, THOMAS 970 EL LAGO TERR WINTER SPRINGS FL 32708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: S. WASIK DATE: 3-12-99 DAYTIME PHONE: 407-699-1771

CR2E037 (11/98)