

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

**Feb 01, 2002 8:00 am
Secretary of State**

02-01-2002 90011 050 ****61.25

DOCUMENT # 765061

1. Entity Name

SUNRISE OWNERS GROUP, INC.

Principal Place of Business

Mailing Address

7523 ALOMA AVENUE
STE 210
WINTER PARK FL 32792
US

P.O. BOX 677307
ORLANDO FL 32867-7307
US

2. Principal Place of Business

3. Mailing Address

4962 N. PALM AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

4. FEI Number

59-2278917

Applied For

Not Applicable

Zip

Country

32792 USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRASCA, JOSEPH
C/O PREFERRED COMMUNITY MGT.
7523 ALOMA AVENUE, SUITE 210
WINTER PARK FL 32792

Name JOSEPH FRASCA

Street Address (P.O. Box Number is Not Acceptable)

90 PREFERRED COMMUNITY MANAGEMENT
4962 N. PALM AVENUE

City WINTER PARK

FL

Zip Code 32792

8. 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

Joseph Frasca

JOSEPH FRASCA

1/14/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, DEBORAH 1280 ANDES DR. WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NEWHOUSE, CHARLOTTE 1396 SAN DIEGO CT WINTER SPRINGS FL 32708	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNSEND, MARSHALL 1407 EL CAJON CT WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DROZD, CHRISTINE 1385 SAN DIEGO CT WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINDER, RHONDA 1380 SAN DIEGO CT WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENHAM, JAMES 1381 SAN DIEGO COURT WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEVEN KLEINBERGER 1411 EL CAJON CT WINTER SPRINGS, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHN DONAGHY CHAPARRAL LN WINTER SPRINGS, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILFREDO HERNANDEZ 1225 ANDES DR. WINTER SPRINGS, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DROZD, CHRISTINE 1385 SAN DIEGO CT WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LINDER, RHONDA 1380 CHAPARRAL LN. WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWIN WASIK 1253 RISING SUN BOULEVARD WINTER SPRINGS FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deborah Brown DEBORAH BROWN

1/14/02 407-681-0394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)