


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90030 008 \*\*\*\*61.25

**DOCUMENT # 765061**  
 1. Entity Name  
**SUNRISE OWNERS GROUP, INC.**



Principal Place of Business: **4962 N PALM AVENUE WINTER PARK FL 32792 US**  
 Mailing Address: **P.O. BOX 677307 ORLANDO FL 32867-7307 US**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **59-2278917**  
 Applied For:  Not-Applicable  
 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**FRASCA, JOSEPH**  
**C/O PREFERRED COMMUNITY MGT.**  
**4962 N PALM AVENUE**  
**WINTER PARK FL 32792**

**7. Name and Address of New Registered Agent**  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: **FL** Zip Code: \_\_\_\_\_

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, DEBORAH	
STREET ADDRESS	1280 ANDES DR.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERCERD, JOSE A	
STREET ADDRESS	1397 SANTIAGO COURT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REYES, IVAN	
STREET ADDRESS	942 ARDILLITA CT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JABLONSKI, ANTOINETTE	
STREET ADDRESS	1385 PONCE DE LEON	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, SHERRIE	
STREET ADDRESS	1413 LA PALOMA	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	TATUM, DAVE	
STREET ADDRESS	1364 ORTEGA STREET	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ED RODRIGUEZ	
STREET ADDRESS	1344 ANDES DR	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONICA BOESEN	
STREET ADDRESS	1388 PONCE DE LEON BL	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Antoinette Jablonski* **2/13/06**