2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 21, 2008 8:00 am **Secretary of State DOCUMENT #765061** 02-21-2008 90027 042 ****61.25 1. Entity Name SUNRISE OWNERS GROUP, INC. Principal Place of Business Mailing Address 4962 N PALM AVENUE P.O. BOX 677307 WINTER PARK, FL 32792 US ORLANDO, FL 32867-7307 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-2278917 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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. Street Address (P.O. Box Number is Not Acceptable) 4962 N PALM AVENUE WINTER PARK FL 32792 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BROWN, DEBORAH NAME 1280 ANDES DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIP D TITLE Delete TITLE ☐ Change ■ Addition MERCERD, JOSE A NAME NAME STREET ADDRESS 1397 SANTIAGO COURT STREET ADDRESS WINTER SPRINGS, FL 32708 CITY-ST-ZIP CITY-ST-7IP <u> 50</u> TD TITLE TITLE Delete ☐ Change Addition MONICA - BOESEN REYES, IVAN NAME NAME 1388 PONCE DE LEON BLVD 942 ARDILLITA CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIP WINTER SPIZINGS, FL 32708 TITLE VD ☐ Delete TITLE ☐ Change Addition JABLONSKI, ANTOINETTE GABRIELLA BATISTA NAME NAME 1395 LA PALOMA CIR 1385 PONCE DE LEON STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32708 .CITY-ST-ZIP WINTER SPRINGS IL 32708 Delete TITLE ☐ Change Addition RODRIGUEZ, ED NAME NAME CHERYL ABBOTT STREET ADDRESS 1344 ANDES DR STREET ADDRESS 1126 FRANCISCO WAV CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIP NINTER SPRINGS, FL 32708 TITLE D Delete TITLE Change Addition LENNY SMITH 1401 PONCE DE LEON BL. TATUM, DAVE NAME NAME 1364 ORTEGA STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 regenerary 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

mpowered

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #

changed, or on an attachre

SIGNATURE