

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90247 025 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

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

FILE NOW: FEE IS \$61.25

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	VPD	<input type="checkbox"/> Delete
NAME	JOHN, DONAGHY	
STREET ADDRESS	CHAPARRAL LN	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOWNSEND, MARSHALL	
STREET ADDRESS	1407 EL CAJON CT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DROZD, CHRISTINE	
STREET ADDRESS	1385 SAN DIEGO CT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LINDER, RHONDA	
STREET ADDRESS	1380 SAN DIEGO CT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENHAM, JAMES	
STREET ADDRESS	1381 SAN DIEGO COURT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IVAN REYES	
STREET ADDRESS	942 ARDILLITA CT.	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILFREDO HERNANDEZ	
STREET ADDRESS	1225 ANDES DRIVE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE JANN	
STREET ADDRESS	1320 ALFONZO CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **SIGNATURE REQUIRED** *Reyes* Date: *2/10/03* Daytime Phone #: *(407) 970-0222*

CR2E037 (10/02)