

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003112

FILED
Apr 19, 2007
Secretary of State

Entity Name: SUNRISE LAKES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

C/O LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 32-0096216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TENEYCK, BENNIE
Address: 1432 BLUE SKY WAY
City-St-Zip: CLERMONT, FL 34711

Title: V () Delete
Name: BOWLING, DAVID
Address: 16749 RISING STAR DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: ST () Delete
Name: WILSON, DONALD
Address: 16652 RISING STAR DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: WONG, WINSTON
Address: 423 S. 4TH AVENUE
City-St-Zip: MOUNT VERNON, NY 10550

Title: D () Delete
Name: FINOCCHIO, FRANK
Address: 6050 FLUSHING AVENUE
City-St-Zip: MASPETH, NY 11378

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOWLING, DAVID
Address: 16749 RISING STAR DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: VP (X) Change () Addition
Name: FERRANDINO, ERIC
Address: 16715 SUNRISE VISTA DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: ST (X) Change () Addition
Name: DOWNS, WILLIAM
Address: 16613 SUNRISE VISTA DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: T (X) Change () Addition
Name: SIMMONS, GEORGE
Address: 16812 RISING STAR DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Change () Addition
Name: WONG, WINSTON
Address: 1450 BLUE HORIZON DRIVE
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID BOWLING

P

04/19/2007

Electronic Signature of Signing Officer or Director

Date