

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05263

FILED
Apr 29, 2009
Secretary of State

Entity Name: SUNRISE BEACH VILLAS CONDOMINIUM HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

15751 SE 140TH AVE
WEISDALE, FL 32195 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21
EAST LAKE WEIR, FL 32133 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WEAVER, VICTORIA
14345 SE 144TH STREET
WEIRSDALE, FL 32195 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: PD () Delete
Name: WEAVER, SAMMY J
Address: PO BOX 21
City-St-Zip: EASTLAKE WEIR, FL 32133

Title: VD () Delete
Name: MINZENBERG, HOWARD
Address: 15740 SE 140TH AVE.
City-St-Zip: WEIRSDALE, FL 32195

Title: TD () Delete
Name: MARLIN, CAROL
Address: 15754 SE 140 AVENUE
City-St-Zip: WEIRSDALE, FL 32195

Title: D () Delete
Name: STAUSS, PAULA
Address: 6184 NE 69TH STREET
City-St-Zip: SILVERSPRINGS, FL 34488

Title: D () Delete
Name: BRANTLEY, LISA
Address: 11651 SE 36TH AVE
City-St-Zip: BELLEVIEW, FL 34420

Title: S () Delete
Name: WEAVER, VICTORIA
Address: PO BOX 21
City-St-Zip: EASTLAKE WEIR, FL 32133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SAMMY J WEAVER

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date