FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
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*****68.75 *****68.75

DOCUMENT # N06620 (1)

1. Corporation Name
THE HOMEOWNERS' ASSOCIATION OF THE SUNRISE GOLF CLUB ESTATES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5718 TAM O'SHANTER CT. SARASOTA FL 34238	5718 TAM O'SHANTER CT. SARASOTA FL 34238

3. Date Incorporated or Qualified: 12/13/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2494004 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5712 Tam O'Shanter Cr	26 5712 Tam O'Shanter Ct
Suite, Apt. #, etc. 22 -	Suite, Apt. #, etc. 27 -
City & State 23 Sarasota, FL	City & State 28 Sarasota, FL
Zip 24 34238 Country 25 USA	Zip 29 34238 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HUNT, BARBARA J
5718 TAM O'SHANTER CT.
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name: Joe Swift
82 Street Address (P.O. Box Number is Not Acceptable): 5712 Tam O'Shanter Ct.
83
84 City: Sarasota, FL 85 Zip Code: 34238

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X Joe W. Swift
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: May 24, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	HUNT, BARBARA J	1.2 NAME	Bailey, John H.	
STREET ADDRESS	5718 TAM O'SHANTER CT.	1.3 STREET ADDRESS	5781 Augusta Circle	
CITY-ST-ZIP	SARASOTA FL 34238	1.4 CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	VD	2.1 TITLE	STD	☐ Change ☐ Addition
NAME	SWIFT JOSEPH	2.2 NAME	Swift, Joseph	
STREET ADDRESS	5712 TAM O'SHANTER CT.	2.3 STREET ADDRESS	5712 Tam O'Shanter Ct	
CITY-ST-ZIP	SARASOTA FL 34238	2.4 CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	SD	3.1 TITLE	D	☐ Change ☐ Addition
NAME	ANDERSON, DARLENE	3.2 NAME	D'Alberto, Anne	
STREET ADDRESS	6137 APPROACH RD.	3.3 STREET ADDRESS	5709 Augusta Circle	
CITY-ST-ZIP	SARASOTA FL 34238	3.4 CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	TD	4.1 TITLE	D	☐ Change ☐ Addition
NAME	BEUSMAN NELLIE	4.2 NAME	Jennings, Chic	
STREET ADDRESS	6038 APPROACH WAY	4.3 STREET ADDRESS	5719 Firestone Ct.	
CITY-ST-ZIP	SARASTA FL 34238	4.4 CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	D	5.1 TITLE	D	☐ Change ☐ Addition
NAME	BAILEY JOHN H.	5.2 NAME	Grimes, Bernie	
STREET ADDRESS	5781 AUGUSTA CIRCLE	5.3 STREET ADDRESS	5729 Augusta Circle	
CITY-ST-ZIP	SARASOTA FL 34238	5.4 CITY-ST-ZIP	Sarasota, FL 34238	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Joe W. Swift 5.24.95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063888