

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06620

1. Entity Name

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

Principal Place of Business

5703 DORAL CT
SARASOTA FL 34238
US

Mailing Address

5703 DORAL CT
SARASOTA FL 34238
US

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2494004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARNEY, ROBERT J
5703 DORAL CT
SARASOTA FL 34238

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.

SIGNATURE

Robert J. Carney President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/26/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	CARNEY, ROBERT J	
STREET ADDRESS	5703 DORAL CT	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	☐ Delete
NAME	HALL, BETTY	
STREET ADDRESS	5719 DORAL COURT	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	☐ Delete
NAME	GAVINS, KEN	
STREET ADDRESS	5710 DORAL CT	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	SD	☐ Delete
NAME	HORNER, JUDITH	
STREET ADDRESS	5709 AUGUSTA CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	VD	☐ Delete
NAME	HALL, CLIFFORD	
STREET ADDRESS	5719 DORAL CT	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	TD	☐ Delete
NAME	CARNEY, JUNE C	
STREET ADDRESS	5703 DORAL CT	
CITY-ST-ZIP	SARASOTA FL 34238	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Jack Horner	☐ Change ☐ Addition
NAME	5709 Augusta Cir.	
STREET ADDRESS	Sarasota, FL 34238	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 REQUIRED

02/26/02 941 922-1335

Date

Daytime Phone #

CR2E037 (9/01)

0065973



DO NOT WRITE IN THIS SPACE