

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 AM
Secretary of State



DOCUMENT # N06620

1. Entity Name

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

Principal Place of Business

Mailing Address

5703 DORAL CT
 SARASOTA FL 34238
 US

5703 DORAL CT
 SARASOTA FL 34238
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

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

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARNEY, ROBERT J
5703 DORAL CT
SARASOTA FL 34238

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 _____

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARNEY, ROBERT J	
STREET ADDRESS	5703 DORAL CT	
CITY-STATE-ZIP	SARASOTA FL 34238	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1100000656271	
CITY-STATE-ZIP	03/14/07-80019-001 61.25	

TITLE	D	<input type="checkbox"/> Delete
NAME	GAVINS, KEN	
STREET ADDRESS	5710 DORAL CT	
CITY-STATE-ZIP	SARASOTA FL 34238	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	HORNER, JUDITH	
STREET ADDRESS	5709 AUGUSTA CIRCLE	
CITY-STATE-ZIP	SARASOTA FL 34238	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	HORNER, JACK	
STREET ADDRESS	5709 AUGUSTA CIR.	
CITY-STATE-ZIP	SARASOTA FL 34238	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	CARNEY, JUNE C	
STREET ADDRESS	5703 DORAL CT	
CITY-STATE-ZIP	SARASOTA FL 34238	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: June C. Carney June C. Carney 2/28/07 941 922-1335