

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06620

FILED
Mar 14, 2009
Secretary of State

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

Current Principal Place of Business:

5703 DORAL CT
SARASOTA, FL 34238 US

New Principal Place of Business:

Current Mailing Address:

5703 DORAL CT
SARASOTA, FL 34238 US

New Mailing Address:

FEI Number: 59-2494004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARNEY, ROBERT J
5703 DORAL CT
SARASOTA, FL 34238 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: CARNEY, ROBERT J
Address: 5703 DORAL CT
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: GAVINS, KEN
Address: 5710 DORAL CT
City-St-Zip: SARASOTA, FL 34238

Title: SD () Delete
Name: HORNER, JUDITH
Address: 5709 AUGUSTA CIRCLE
City-St-Zip: SARASOTA, FL 34238

Title: VD () Delete
Name: HORNER, JACK
Address: 5709 AUGUSTA CIR.
City-St-Zip: SARASOTA, FL 34238

Title: TD () Delete
Name: CARNEY, JUNE C
Address: 5703 DORAL CT
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: TEPPLER, STEVEN
Address: 5715 FIRESTONE CT
City-St-Zip: SARASOTA, FL 34238

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
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JUNE C CARNEY

TD

03/14/2009

Electronic Signature of Signing Officer or Director

Date