

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 26, 2010
Secretary of State

DOCUMENT# N24962

Entity Name: SUNRISE AT FOUNTAIN LAKES NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**3701 TAMIAMI TRL., N.
C/O COMPASS GROUP
NAPLES, FL 34103 US**New Principal Place of Business:****Current Mailing Address:**3701 TAMIAMI TRL., N.
C/O COMPASS GROUP
NAPLES, FL 34103 US**New Mailing Address:****FEI Number:** 41-1613208**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**C & H PROPERTY MANAGEMENT
22201 FOUNTAIN LAKES BLVD,
SUITE 1
ESTERO, FL 33928 US**Name and Address of New Registered Agent:**COMPASS GROUP
3701 TAMIAMI TRAIL NORTH
NAPLES, FL 34103 US

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: COMPASS GROUP

10/26/2010

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** DP
Name: COVITZ, WILLIAM
Address: 22581 ISLAND LAKES DRIVE
City-St-Zip: ESTERO, FL 33928 US**Title:** DVP
Name: JONES, KATHLEEN
Address: 22486 FOUNTAIN LAKES BLVD.
City-St-Zip: ESTERO, FL 33928 US**Title:** DT
Name: STOKES, DOUG
Address: 22697 ISLAND LAKES DR.
City-St-Zip: ESTERO, FL 33928 US**Title:** DS
Name: ZIMBO, BETTY
Address: 3910 MARY ANN WAY
City-St-Zip: ESTERO, FL 33928 US**Title:** D
Name: METEYARD, DAVE
Address: 22668 FOREST VIEW DR
City-St-Zip: ESTERO, FL 33928 US

I hereby 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 all other like empowered.

SIGNATURE: JEFF MITCHELL

CEO

10/26/2010

Electronic Signature of Signing Officer or Director_____
Date