FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N29502

(4)

SUNRISE COMMUNITY, INC.

| Principal Place | e of Business | Mailing Address | | | |
|--|---|--|----------------------------------|---|--|
| , | | 2 | | | |
| C/O LESLIE W. LEECH, JR. 9040 SUNSET DR. S-70-A | | C/O LESLIE W. LEECH, JR. 9040 SUNSET DR. S-70-A | | | |
| MIAMI FL 33173 | | MIAMI FL 33173-3454 | | Date Incorporated or Qualified | 3a. Date of Last Report |
| US | | US | | 11/30/1988 | 02/21/1996 |
| 2. Principa! P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0118730 | Not Applicable |
| Suite. Apt. #. etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 Zip | Country | 28 7in | Country | Trust Fund Contribution | Added to Fees |
| 24 | 25 | Zip 29 | Country 30 | 8. This corporation has liability for in | ntangible tax under s. 199.032, Yes No |
| Z4 | 9. Name and Address of Curre | | 30 | Florida Statutes 10. Name and Address of New Reg | |
| | | | 81 Name | | |
| LEECH | I EQLIC W. ID | | | | |
| LEECH, LESLIE W., JR. 9040 SUNSET DR | | | 82 Street Add | ress (P.O. Box Number is Not Acceptabl | e) |
| S-70-A | | | | | |
| MIAMI FI | 33173 | | | | ···· |
| 1111/11/11 | 2 30110 | | 84 City | | FL 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 617.050 | 22 and 617.1508, Florida Statute | s, the above-named corp | poration submits this statement for the pu | unage of changing its registered |
| office or r | egistered agent, or both, in the State m familiar with, and accept the oblig | e of Fforida. Such change was at | uthorized by the corpora | tion's board of directors. I hereby accept | the appointment as registered |
| SIGNATURE | | | Tou Otatolog, | | |
| SIGNATURE . | Signature, typed or printed name of registeroid ag- | ent and title if applicable (NOTE | Registered Agent signature requi | red when reinstating) | DATE |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECTORS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | Change Addition |
| NAME | SPELIOS, GEORGE L. | | 1.2 NAME | | |
| STREET ADDRESS | 10729 SW 117 CT | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | Decem | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | • | Change Addition |
| NAME | RICE, STEPHEN T. | | 2.2 NAME | | |
| STREET ADDRESS | 11500 SW 92 COURT | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | MIAMI FL | DELETE | 2.4 CITY+ST-ZIP | · | |
| | D TROVED OFFIDA | [] DELETE | 3.1 TITLE | | Change Addition |
| NAME STREET ADDRESS | TUCKER, GERRY 8100 SW 133 COURT | | 3.2 NAME | | |
| | MIAMI FL | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | D D | DELETE | 3.4. CITY+ST-ZIP 4.1 TITLE | | Change Addition |
| NAME | YOUNG, PAULINE | | 4. 2 NAME | • | The second The second of the s |
| STREET ADDRESS | 12805 SW 103 COURT | | 4.3 STREET ADDRESS | | |
| CITY-SI-ZIP | MIAMI FL | ÷ | 4.4 City+St-ZiP | | |
| TITLE | P | DELETE | 5.1 TITLE | | Change Addition |
| NAME | LEECH, LESLIE W., JR. | | 5.2 NAME | | |
| STREET ADDRESS | 9040 SUNSET DR S-70-A | | 5.3 STREET ADDRESS | | |
| CITY - ST - ZIP | MIAMI FL | | 5.4 CITY - ST - ZIP | | |
| TITLE | ST | DELETE | 6.1 TITLE | | Change Addition |
| NAME | WEEKS, JAMES G. | | 6.2 NAME | | |
| STREET ADDRESS | 9040 SUNSET DR, S-70-A | | 6.3 STREET ADDRESS | | |
| CITY-S1-7IP | MIAMI FL | | 6.4 CITY - ST - ZIP | | |
| 14. I do herek | by certify that the information supplie | d with this filing does not qualify | for the exemption state | d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same legal | I further certify that the |
| l am an o' appears i | flicer or director of the corporation on Block 12 or Block 13 if changed, o | r the receiver or trustee empower on an attachment with an add | fed to execute this reporess | t my signature shall have the same legal rt as required by Chapter 617, Florida St | atutes; and that my name |

SIGNATURE:

VIDE NO VERY OF STANDARD OF ST

2/18/97

305-196-9040

FILED

Feb 25 1997 8:00am

Secretary of State

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