

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29502

FILED
Feb 04, 2008
Secretary of State

Entity Name: SUNRISE COMMUNITY, INC.

Current Principal Place of Business:

C/O LESLIE W. LEECH, JR.
9040 SUNSET DRIVE
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

C/O LESLIE W. LEECH, JR.
9040 SUNSET DRIVE
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 65-0118730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEECH, LESLIE W JR
9040 SUNSET DRIVE
MIAMI, FL 33173 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: D () Delete
Name: YOUNG, PAULINE A
Address: 12805 SW 103 CT.
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: RICE, STEPHEN T
Address: 145 CONTINENTAL DRIVE
City-St-Zip: FLAT ROCK, NC 28731

Title: D () Delete
Name: TUCKER, GERRY
Address: 8100 SW 133 COURT
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: MCCARTHY, RICHARD H
Address: 5041 SW 94 COURT
City-St-Zip: MIAMI, FL 33165

Title: P () Delete
Name: LEECH, LESLIE W JR
Address: 9040 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33173

Title: ST () Delete
Name: WEEKS, JAMES G
Address: 9040 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33173

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
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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: LESLIE W. LEECH, JR

PRES

02/04/2008

Electronic Signature of Signing Officer or Director

_____ Date