


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90052 025 \*\*\*\*61.25

<b>DOCUMENT # N30122</b> 1. Entity Name WESTWOODS AT SUNRISE COUNTRY CLUB, SECTION 2 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6794 APPROACH RD SARAOTA, FL 34238-2117 US			Mailing Address 6794 APPROACH RD. SARAOTA, FL 34238-2117 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0179477	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KOMAREK, RAY			Name		
6837 APPROACH RD.			Street Address (P.O. Box Number is Not Acceptable)		
SARASOTA, FL 34238					
			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: <u>Raymond Komarek</u> <i>Raymond Komarek</i> <u>1/21/05</u> <small>Signature, typed or printed name of registered agent and if not applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOGLIO, AL		NAME	Ericsson, James	
STREET ADDRESS	6774 APPROACH RD		STREET ADDRESS	6767 Approach Rd.	
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP	Sarasota, Fl. 34238	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOMAREK, RAYMOND		NAME		
STREET ADDRESS	6837 APPROACH RD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIESTA, DORIS		NAME	Henrick, Francis	
STREET ADDRESS	6724 APPROACH RD.		STREET ADDRESS	6700 Approach Rd.	
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP	Sarasota, Fl. 34238	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDEMAN, JOHN		NAME	Foglio, Carmine	
STREET ADDRESS	6851 APPROACH RD.		STREET ADDRESS	6795 Approach Rd.	
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP	Sarasota, Fl. 34238	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAGONER, MAXINE		NAME	Madia, Robert	
STREET ADDRESS	6786 APPROACH RD		STREET ADDRESS	6779 Approach Rd.	
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP	Sarasota, Fl. 34238	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>James Ericsson</u> <i>James W Ericsson</i> <u>pres</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #</small>					