

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90109 048 ****61.25

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01112007 Chg-NP CR2E037 (12/06)

DOCUMENT # N30122 1. Entity Name WESTWOODS AT SUNRISE COUNTRY CLUB, SECTION 2 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6794 APPROACH RD SARASOTA, FL 34238-2117 US			Mailing Address 6794 APPROACH RD SARASOTA, FL 34238-2117 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KOMAREK, RAY 6837 APPROACH RD. SARASOTA, FL 34238				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 J. Komarek</u> RAY KOMAREK VICE-PRESIDENT 1/12/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENRICK, FRANK		NAME		
STREET ADDRESS	6700 APPROACH RD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input 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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, AVERY		NAME		
STREET ADDRESS	6851 APPROACH RS		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGLIO, CARMINE		NAME		
STREET ADDRESS	6795 APPROACH ROAD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILLIER, FRANCES		NAME	CLINE, MARJORIE	
STREET ADDRESS	6723 APPROACH RD		STREET ADDRESS	6875 APPROACH RD	
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP	SARASOTA, FL. 34238	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	KACZMAREK, ALBIN	
STREET ADDRESS			STREET ADDRESS	6836 APPROACH RD	
CITY-ST-ZIP			CITY-ST-ZIP	SARASOTA, FL. 34238	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Carmine Foglio</u> CARMINE FOGLIO PRESIDENT 1/11/07 941-926-8481 <small>Signature and typed or printed name of signing officer or director</small>					