

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

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
---	---



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0179477	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KOMAREK, RAY 6837 APPROACH RD. SARASOTA, FL 34238
--

**DO NOT WRITE
IN THIS SPACE**

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 <i>Raymond Komarek - V.P.</i> Signature, typed or printed name of registered agent and title if applicable.	<i>Raymond Komarek</i> (NOTE: Registered Agent signature required when reappointing)	1/14/08 DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000787789 01/18/08-80014-011 61.25
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOMAREK, RAYMOND 6837 APPROACH RD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILL, AVERY 6851 APPROACH RS SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOGLIO, CARMINE 6795 APPROACH ROAD SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLINE, MARJORIE 6875 APPROACH RD SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KACZMAREK, ALBIN 6838 APPROACH RD SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 <i>Raymond Komarek V.P.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>Raymond Komarek</i> Date	1/14/08 Daytime Phone #

941-926-4664