

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30122

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** WESTWOODS AT SUNRISE COUNTRY CLUB, SECTION 2 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6794 APPROACH RD  
SARASOTA, FL 342382117 US

**New Principal Place of Business:**

**Current Mailing Address:**

6794 APPROACH RD  
SARASOTA, FL 342382117 US

**New Mailing Address:**

**FEI Number:** 65-0179477

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOMAREK, RAY  
6837 APPROACH RD.  
SARASOTA, FL 34238 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: V ( ) Delete  
Name: KOMAREK, RAYMOND  
Address: 6837 APPROACH RD  
City-St-Zip: SARASOTA, FL

Title: T ( ) Delete  
Name: HILL, AVERY  
Address: 6851 APPROACH RS  
City-St-Zip: SARASOTA, FL 34238

Title: D ( ) Delete  
Name: FOGLIO, CARMINE  
Address: 6795 APPROACH ROAD  
City-St-Zip: SARASOTA, FL 34238

Title: S ( ) Delete  
Name: CLINE, MARJORIE  
Address: 6875 APPROACH RD  
City-St-Zip: SARASOTA, FL 34238

Title: D ( ) Delete  
Name: KACZMAREK, ALBIN  
Address: 6836 APPROACH RD  
City-St-Zip: SARASOTA, FL 34238

**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  
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: CARMINE FOGLIO

P

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date