

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32285

FILED
Apr 02, 2007
Secretary of State

Entity Name: SUNRISE VILLAS OF FLAGLER COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

32 SUNRISE VILLAS LANE
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

32 SUNRISE VILLAS LANE
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 59-3007853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAECHTOLD, MARKUS
32 SUNRISE VILLAS LANE
PALM COAST, FL 32137 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: PD () Delete
Name: BAECHTOLD, MARKUS
Address: IN DER WEID 15
City-St-Zip: GOLDACH (SWITZERLAND), SG 9403 CH

Title: VD () Delete
Name: GIEZENDANNER, ERNEST
Address: DORFSTR. 99
City-St-Zip: ST. PETERZELL, SG 9302

Title: SD () Delete
Name: WINTERSTEIN, GABRIELA
Address: IN DER WEID 15
City-St-Zip: GOLDACH (SWITZERLAND), SG 9403 CH

Title: SD () Delete
Name: CACCIATORE, VINNY
Address: 29 SUNRISE VILLAS LANE
City-St-Zip: PALM COAST, FL 32137

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: SD (X) Change () Addition
Name: THOMAS, ROCCO
Address: 3 SUNRISE VILLAS LANE
City-St-Zip: PALM COAST, FL 32137

Title: SD () Change (X) Addition
Name: MANZI, MARYANN
Address: 29 SUNRISE VILLAS LANE
City-St-Zip: PALM COAST, FL 32137

Title: SD () Change (X) Addition
Name: DIANNA, CAPOBIANCO
Address: 31 SUNRISE VILLAS LANE
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the 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: DIANNA CAPOBIANCO

SD

04/02/2007

Electronic Signature of Signing Officer or Director

Date