

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32285

FILED
Jan 20, 2009
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:

CACCIATORE, VINNY
4 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: CACCIATORE, VINNY
Address: 4 SUNRISE VILLAS LANE
City-St-Zip: PALM COAST, FL 32137 FL

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

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

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

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

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

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:

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: CACCIATORE VINNY

PD

01/20/2009

Electronic Signature of Signing Officer or Director

Date