


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90048 040 ****61.25

DOCUMENT # N37547					
1. Entity Name SUNRISE COVE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 6106 TOPSAIL RD LADY LAKE, FL 32159 US			Mailing Address P O BOX 1261 LADY LAKE, FL 32159-1261 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3007063	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GAYNOR, JOSEPH 6042 TOPSAIL ROAD LADY LAKE, FL 32159			Name <u>PATRICIA LEESON</u> Street Address (P.O. Box Number is Not Acceptable) <u>6106 Topsail Road</u> City <u>LADY LAKE</u> <u>FL</u> Zip Code <u>32159</u>		
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>Pat Leeson</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<u>PATRICIA LEESON, President</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, LEWIS		NAME	LEESON, PATRICIA	
STREET ADDRESS	6046 TOPSAIL RD.		STREET ADDRESS	6106 Topsail Road	
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAHAN, ED		NAME	ELIASSON, LENNART	
STREET ADDRESS	6030 TOPSAIL RD		STREET ADDRESS	6042 Topsail Road	
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEESON, PATRICIA		NAME	COOLEY, ROBERT	
STREET ADDRESS	6106 TOPSAIL RD		STREET ADDRESS	6032 Topsail Road	
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		
NAME	THOMAS, GREGORY		NAME		
STREET ADDRESS	6110 TOPSAIL RD		STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Gregory A. Thomas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1-18-05</u> <u>352/750-9304</u> <small>Date Daytime Phone #</small>		

50004661



01132005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3007063

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAYNOR, JOSEPH
6042 TOPSAIL ROAD
LADY LAKE, FL 32159

Name PATRICIA LEESON

Street Address (P.O. Box Number is Not Acceptable)

6106 Topsail Road

City LADY LAKE

FL

Zip Code 32159

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SIGNATURE Pat Leeson
Signature, typed or printed name of registered agent and title if applicable.

PATRICIA LEESON, President
(NOTE: Registered Agent signature required when reinstating)

DATE 1-18-05

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	LADY LAKE, FL 32159	
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CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOLEY, ROBERT	
STREET ADDRESS	6032 Topsail Road	
CITY-ST-ZIP	LADY LAKE, FL 32159	
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SIGNATURE:

Gregory A. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-05 352/750-9304
Date Daytime Phone #