


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N49165</b> 1. Entity Name <b>SUNRISE ISLE HOMEOWNER'S ASSOCIATION, INC.</b>	
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Principal Place of Business <b>104 SUNRISE DR MARATHON, FL 33050</b>	Mailing Address <b>104 SUNRISE DR MARATHON, FL 33050</b>
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01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0351856</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WENTZEL, ALAN S 1875 ARDOLEY WAY SANIBEL, FL 33957</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000583115 01/11/07-80059-007 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WORTZEL, ALAN S PO BOX 622 SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROBINSON, DOROTHY 104 SUNRISE DR MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, JACK 116 SUNRISE DR MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

<b>SIGNATURE:</b> <i>Dorothy A. Robinson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>1-7-2007</i> <small>Date</small>	<i>305-289-0259</i> <small>Daytime Phone #</small>
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