


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N49165 1. Entity Name SUNRISE ISLE HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business 104 SUNRISE DR MARATHON, FL 33050	Mailing Address 104 SUNRISE DR MARATHON, FL 33050
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-NP CR2E037 (4/06)

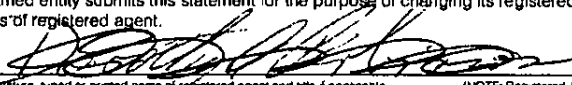

4. FEI Number 65-0351856	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WENTZEL, ALAN S
1875 ARDOLEY WAY
SANIBEL, FL 33957

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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:  DATE: 

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000833106 02/19/08-80053-024 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.

SIGNATURE:   2-8-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305-289-0959