


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90021 001 \*\*\*980.00

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|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # N95000002164**

1. Corporation Name

**SUNRISE COMMUNITY OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business

**9040 SUNSET DR  
SUITE 70-A  
MIAMI FL 33173**

Mailing Address

**9040 SUNSET DR  
SUITE 70-A  
MIAMI FL 33173**



|                                |                     |  |
|--------------------------------|---------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified  |
| <b>21</b>                      | <b>26</b>           | <b>05/05/1995</b>  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 4. FEI Number  |
| <b>22</b>                      | <b>27</b>           | <b>65-0583893</b>  |
| City & State                   | City & State        | Applied For  |
| <b>23</b>                      | <b>28</b>           | <input type="checkbox"/> Not Applicable  |
| Zip                            | Zip                 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required |
| <b>24</b>                      | <b>29</b>           | 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                 |
| Country                        | Country             | Trust Fund Contribution  |
| <b>25</b>                      | <b>30</b>           |  |

9. Name and Address of Current Registered Agent

**LEECH, LESLIE W JR.  
9040 SUNSET DR  
SUITE 70-A  
MIAMI FL 33173**

10. Name and Address of New Registered Agent

|  |
|--|
| 81. Name   |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83.  |
| 84. City   |
| <b>FL</b>  |
| 85. Zip Code   |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

| SIGNATURE   |                                   | (NOTE: Registered Agent signature required when reinstating)                 |  | DATE |  |
|---|-----------------------------------|--|--|------|--|
| 12. OFFICERS AND DIRECTORS                            |                                   |  |  |      |  |
| TITLE   | <b>D</b>                          | <input type="checkbox"/> DELETE  |  |      |  |
| NAME  | <b>SPELIOS, GEORGE L</b>          |  |  |      |  |
| STREET ADDRESS  | <b>10729 SW 117 CT</b>            |  |  |      |  |
| CITY-ST-ZIP   | <b>MIAMI FL 33186</b>             |  |  |      |  |
| TITLE   | <b>D</b>                          | <input type="checkbox"/> DELETE  |  |      |  |
| NAME  | <b>TUCKER, GERALDINE</b>          |  |  |      |  |
| STREET ADDRESS  | <b>8100 SW 133 CT</b>             |  |  |      |  |
| CITY-ST-ZIP   | <b>MIAMI FL 33183</b>             |  |  |      |  |
| TITLE   | <b>D</b>                          | <input checked="" type="checkbox"/> DELETE                                   |  |      |  |
| NAME  | <b>WEINGER, STEVEN M</b>          |  |  |      |  |
| STREET ADDRESS  | <b>2650 SW 27 AVE</b>             |  |  |      |  |
| CITY-ST-ZIP   | <b>MIAMI FL 33133</b>             |  |  |      |  |
| TITLE   | <b>P</b>                          | <input type="checkbox"/> DELETE  |  |      |  |
| NAME  | <b>LEECH, LESLIE W. JR.</b>       |  |  |      |  |
| STREET ADDRESS  | <b>9040 SUNSET DRIVE STE 70-A</b> |  |  |      |  |
| CITY-ST-ZIP   | <b>MIAMI FL</b>                   |  |  |      |  |
| TITLE   | <b>ST</b>                         | <input type="checkbox"/> DELETE  |  |      |  |
| NAME  | <b>WEEKS, JAMES G.</b>            |  |  |      |  |
| STREET ADDRESS  | <b>9040 SUNSET DRIVE STE 70-A</b> |  |  |      |  |
| CITY-ST-ZIP   | <b>MIAMI FL</b>                   |  |  |      |  |
| TITLE   | <b>D</b>                          | <input type="checkbox"/> DELETE  |  |      |  |
| NAME  | <b>BRINGARDNER, THOMAS A</b>      |  |  |      |  |
| STREET ADDRESS  | <b>4001 TAMiami TRIAL NORTH</b>   |  |  |      |  |
| CITY-ST-ZIP   | <b>NAPLES FL 33103</b>            |  |  |      |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                   |  |  |      |  |
| 1.1 TITLE   | <b>D</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |      |  |
| 1.2 NAME  | <b>Connie Crowther</b>            |  |  |      |  |
| 1.3 STREET ADDRESS                                    | <b>334 Minorca Avenue</b>         |  |  |      |  |
| 1.4 CITY-ST-ZIP                                       | <b>Coral Gables FL 33134-4304</b> |  |  |      |  |
| 2.1 TITLE   |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |      |  |
| 2.2 NAME  |                                   |  |  |      |  |
| 2.3 STREET ADDRESS                                    |                                   |  |  |      |  |
| 2.4 CITY-ST-ZIP                                       |                                   |  |  |      |  |
| 3.1 TITLE   |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |      |  |
| 3.2 NAME  |                                   |  |  |      |  |
| 3.3 STREET ADDRESS                                    |                                   |  |  |      |  |
| 3.4 CITY-ST-ZIP                                       |                                   |  |  |      |  |
| 4.1 TITLE   |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |      |  |
| 4.2 NAME  |                                   |  |  |      |  |
| 4.3 STREET ADDRESS                                    |                                   |  |  |      |  |
| 4.4 CITY-ST-ZIP                                       |                                   |  |  |      |  |
| 5.1 TITLE   |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |      |  |
| 5.2 NAME  |                                   |  |  |      |  |
| 5.3 STREET ADDRESS                                    |                                   |  |  |      |  |
| 5.4 CITY-ST-ZIP                                       |                                   |  |  |      |  |
| 6.1 TITLE   |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |      |  |
| 6.2 NAME  |                                   |  |  |      |  |
| 6.3 STREET ADDRESS                                    |                                   |  |  |      |  |
| 6.4 CITY-ST-ZIP                                       |                                   |  |  |      |  |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**



**Leslie W. Leech, Jr. 1/22/99 305-596-9040**

Date

Daytime Phone #

CR2E037 (11/98)