

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002164

FILED
Jan 20, 2009
Secretary of State

Entity Name: SUNRISE COMMUNITY OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

9040 SUNSET DR
SUITE A
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

9040 SUNSET DR
SUITE A
MIAMI, FL 33173

New Mailing Address:

FEI Number: 65-0583893 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEECH, LESLIE W JR.
9040 SUNSET DR
SUITE A
MIAMI, FL 33173 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: D () Delete
Name: CROWTHER, CONNIE
Address: 269 GIRALDA AVE, SUITE 302
City-St-Zip: CORAL GABLES, FL 331345002

Title: D () Delete
Name: TUCKER, GERALDINE
Address: 8100 SW 133 CT
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: MCMACKIN, JOSEPH III
Address: 4001 TAMiami TRAIL NORTH, #250
City-St-Zip: NAPLES, FL 34103

Title: P () Delete
Name: LEECH, LESLIE W JR.
Address: 9040 SUNSET DRIVE, SUITE A
City-St-Zip: MIAMI, FL 33173

Title: ST () Delete
Name: WEEKS, JAMES G
Address: 9040 SUNSET DRIVE, SUITE A
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: BRINGARDNER, THOMAS A
Address: 26790 SOUTH TAMiami TRAIL
City-St-Zip: BONITA SPRINGS, FL 34134

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: LESLIE W. LEECH, JR.

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date