## **FILE NOW: FILING FEE IS \$61.25**

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Suite, Apt. #, etc.

City & State

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name N96000002140 (9)

## SUNRISE COMMUNITY OF HENDRY/GLADES, INC.

Principal Place of Business	Mailing Address		
9040 SUNSET DRIVE SUITE 70-A MIAMI FL 33173	9040 SUNSET DRIVE SUITE 70-A MIAMI FL 33173-3454		
2. Principal Place of Business	2a. Mailing Address		

Country

9. Name and Address of Current Registered Agent

04/25/1996 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 10. Name and Address of New Registered Agent

3. Date Incorporated or Qualified

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

**FILED** 

Feb 25 1997 8:00am

Secretary of State

3a. Date of Last Report

85 Zip Code

LEECH, LESLIE W JR. 9040 SUNSET DRIVE **MIAMI FL 33173** 

Suite, Apt #, etc

City & State

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Zip

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 Lord familier with and accent the obligations of Section 617 0503. Florida Statutes

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64 City

Name

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agent. La	im tamiliar with, and accept the obligations of, Sec	tion 617.0503, Flori	da Statutes.			
SIGNATURE ,	Signature, typed or printed name of registered agent and title if appli	cable (NOTE: I	Registered Agent signature	reguland when reinstating)	DATE	
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFIC		S IN 12
TITLE	D	DELETE	1.1 TITLE	P	Change	X Addition
NAME	CROWTHERS, CONNIE		1.2 NAME	LEECH, LES JR.		
STREET ADDRESS	3612 PALMARITO STREET		1.3 STREET ADDRESS	9040 SUNSET DRIVE		
CITY-ST-ZIP	MIAMI FL 33134-7021		1.4 CITY - ST - ZIP	MIAMI FL 33173		
TITLE	D	DELETE	2.1 TITLE	S	☐ Change	X Addition
NAME	MCCARTHY, RICHARD		2.2 NAME	WEEKS, JAMES G.		•
STREET ADDRESS	5041 S.W. 94TH COURT		2.3 STREET ADDRESS	9040 SUNSET DRIVE		
CITY-ST-ZIP	MIAMI FL 33165		2. 4 CITY-ST-ZIP	MIAMI FL. 33173		
TITLE	D	DELETE	3.1 TITLE	MIRIT III JJIJ	Change	Addition
NAME	MORING, ROBERT		3.2 NAME			
STREET ADDRESS	9400 S. DADELAND BLVD., SUITE 409		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156		3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
City-St-ZiP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY, ST. 7IP			6.4 CITY - ST - 7IP			

14. I do 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 of an attachment with an address.

305-596-9040 Daylime Phone # 0032740