


FILE NOW: FILING FEE IS \$61.25

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Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002140 (9)**

1. Corporation Name

~~SUNRISE COMMUNITY OF HENDRY/GLADES, INC.~~
SUNRISE COMMUNITY SERVICES, INC.

*Recent change
name of agent
effective 12/3/97
N/C*



Principal Place of Business
**9040 SUNSET DRIVE
SUITE 70-A
MIAMI FL 33173**

Mailing Address
**9040 SUNSET DRIVE
SUITE 70-A
MIAMI FL 33173**

3. Date Incorporated or Qualified

04/25/1996

4. FEI Number

65-0862366

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24

25

29

30

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?



Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CROWTHERS, CONNIE
3612 PALMARITO STREET
MIAMI FL 33134-7021

☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D
WEINGER, STEVEN M.
2650 SW 27 AVENUE
MIAMI FL 33133

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCCARTHY, RICHARD
5041 S.W. 94TH COURT
MIAMI FL 33165

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
D
GREENBERG, BARNETT A.
7761 SW 176 STREET
MIAMI FL 33157

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORING, ROBERT
9400 S. DADELAND BLVD., SUITE 409
MIAMI FL 33156

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D
SPELIOS, GEORGE L.
16920 SW 192 STREET
MIAMI FL 33187

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LEECH, LES JR
9040 SUNSET DRIVE
MIAMI FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WEEKS, JAMES G.
9040 SUNSET DRIVE
MIAMI FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

000002437230

-02/23/98--01019--001

*****420.00**

PE
2/19

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.

SIGNATURE:

1/27/98 (305) 596-9040

CR2E037 (10/97)