

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90198 017 ****61.25

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1. Entity Name
SUNRISE CAY COMMONS ASSOCIATION, INC.



Principal Place of Business
**463 TORREY PINES PT
NAPLES, FL 34113 US**

Mailing Address
**463 TORREY PINES PT
NAPLES, FL 34113 US**

60034110



04272006 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3412453

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FOREMAN, GEORGE
463 TORREY PINES PT
NAPLES, FL 34113**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FOREMAN, GEORGE
5067 TAMiami TRAIL E.
NAPLES, FL 34113**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SHEEHAN, BRIAN
269 SUNRISE CAY 3
NAPLES, FL 34114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
GIBERGA, OVIDIO
237 SUNRISES CAY #203
NAPLES, FL 34114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

George Foreman **George FOREMAN** *4-27-2006*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #