

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006187

FILED
Feb 04, 2008
Secretary of State

Entity Name: SUNRISE COMMUNITY OF POLK COUNTY, INC.

Current Principal Place of Business:

9040 SUNSET DRIVE
SUITE A
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

C/O LESLIE W. LEECH, JR
9040 SUNSET DR
MIAMI, FL 33173

New Mailing Address:

FEI Number: 65-0714062 **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 DRIVE
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: ST () Delete
Name: WEEKS, JAMES G
Address: 9040 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: ADSIDE, DOROTHY W
Address: 115 E. CLEVELAND STREET
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: CROWTHER, CONNIE
Address: 269 GIRALDA AVE, SUITE 302
City-St-Zip: CORAL GABLES, FL 331345002

Title: D () Delete
Name: WEINGER, STEVEN M
Address: 2650 S.W. 27TH AVE.
City-St-Zip: MIAMI, FL 33133

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

Title: D (X) Delete
Name: PUJOL, ROSE
Address: 1755 FAIRHAVEN PLACE
City-St-Zip: MIAMI, FL 33133

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: D (X) Change () Addition
Name: PUJOL, ROSE B
Address: 3059 GRAND AVENUE, STE 200
City-St-Zip: MIAMI, FL 33133

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

02/04/2008

Electronic Signature of Signing Officer or Director

Date