2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N96000006187

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:

9040 SUNSET DRIVE
9040 SUNSET DR
MIAMI, FL 33173

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:	PUJOL, ROSE B	
Address:	3059 GRAND AVENUE, STE 200	
City-St-Zip:	MIAMI, FL 33133	
Title:	P	( ) Delete
Name:	LEECH, LESLIE W	
Address:	9040 SUNSET DRIVE	
City-St-Zip:	MIAMI, FL 33173	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	CROWTHER, CONNIE	
Address:	269 GIRALDA AVE, SUITE 302	
City-St-Zip:	CORAL GABLES, FL 33134	
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