

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2003 8:00 am
Secretary of State

9/4/

09-04-2003 90063 023 ***550.00

DOCUMENT # P01000012394

1. Entity Name

SUN RISE SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

**4429 MARKET ST
MARIANNA FL 32446**

Mailing Address

**P.O. BOX 138
MARIANNA FL 32447**

55056587

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0635274

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILKINSON, THOMAS C
4429 MARKET ST
MARIANNA FL 32446**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WILKINSON, THOMAS C | |
| STREET ADDRESS | 4429 MARKET ST | |
| CITY- ST- ZIP | MARIANNA FL 32446 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GERALD GAUSE, WILLIAM | |
| STREET ADDRESS | 4429 MARKET ST | |
| CITY- ST- ZIP | MARIANNA FL 32446 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | WEST, DONALD J | |
| STREET ADDRESS | 4429 MARKET ST | |
| CITY- ST- ZIP | MARIANNA FL 32446 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

12. 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 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 607, 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:

Thomas C. Wilkinson
THOMAS C. WILKINSON

9/3/03 (850)482-4000

Date

Daytime Phone #

CR2E034 (4/03)

Attachment#

THOMAS C. WILKINSON, P.A.

ATTORNEY AT LAW

2881 JEFFERSON STREET

POST OFFICE BOX 138

MARIANNA, FLORIDA 32447-0138

TELEPHONE
850/482-4000

#55056587

PLEASE REPLY TO:
POST OFFICE BOX 138
MARIANNA, FLORIDA 32447-0138

September 12, 2003

Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: Sun Rise Subdivision Property Owners Association, Inc.
Reference Number: P01000012394

Gentlemen:

Enclosed is the corrected report for Sun Rise Subdivision
Property Owners Association, Inc.

Thank you.

Very truly yours,

Thomas C. Wilkinson

TCW/lw
Enclosure