

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 12:29

DOCUMENT # P92000009956 (3)

1. Corporation Name

SUNRISE MANAGEMENT COMPANY OF THE TREASURE COAST

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**275 TONEY PENNA DR.
SUITE 10
JUPITER FL 33458**

3. Date Incorporated or Qualified **12/08/1992** 3a. Date of Last Report **04/29/1994**
4. FEI Number **65-0374152** Applied For ☐ Not Applicable ☐
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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KUNKLE, CRAIG
275 TONEY PENNA DR
STE 10
JUPITE FL 33458**

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 607.0502 and 607.1508, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed Name of registered agent and no 4 applicable

(NOTE: Registered Agent signature required when returning)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **KUNKLE, CRAIG B JR**
STREET ADDRESS **275 TONEY PENNA DR., SUITE 10**
CITY, ST, ZIP **JUPITER FL 33458**
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
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STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1 TITLE **P/D** ☒ Change ☐ Addition
2 NAME **Kunkle, Craig B. Jr.**
3 STREET ADDRESS **275 Toney Penna Dr., Suite 10**
4 CITY, ST, ZIP **Jupiter, FL 33458** ☐ Change ☒ Addition
5 TITLE **S**
6 NAME **Kunkle, Mariette**
7 STREET ADDRESS **275 Toney Penna Drive, Suite 10**
8 CITY, ST, ZIP **Jupiter, FL 33458** ☐ Change ☒ Addition
9 TITLE **D**
10 NAME **Miller, Lorace H.**
11 STREET ADDRESS **275 Toney Penna Dr., Suite 10**
12 CITY, ST, ZIP **Jupiter, FL 33458** ☐ Change ☐ Addition
13 TITLE
14 NAME
15 STREET ADDRESS
16 CITY, ST, ZIP
17 TITLE
18 NAME
19 STREET ADDRESS
20 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this report voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/95 407-575-7792