

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731591

**Entity Name:** SUNRISE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

5522-B NW 43 STREET  
GAINESVILLE, FL 32653

**Current Mailing Address:**

5522-B NW 43 STREET  
GAINESVILLE, FL 32653

**FEI Number:** 59-1645085

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BOSSHARDT PROPERTY MANAGEMENT LLC  
5522-B NW 43 STREET  
GAINESVILLE, FL 32653 US

*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

**Officer/Director Detail :**

Title P  
Name KRAMER, ERIN  
Address 5522-B NW 43 STREET  
City-State-Zip: GAINESVILLE FL 32653

Title VP  
Name BURNS, KRISTIN  
Address 5522-B NW 43 STREET  
City-State-Zip: GAINESVILLE FL 32653

Title TREASURER  
Name AUSTIN, TIM  
Address 5522-B NW 43 STREET  
City-State-Zip: GAINESVILLE FL 32653

Title SECRETARY  
Name BAUMGARTNER, TOM  
Address 5522-B NW 43 STREET  
City-State-Zip: GAINESVILLE FL 32653

*I hereby 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 all other like empowered.*

**SIGNATURE:** ERIN KRAMER

**PRESIDENT**

**04/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date