

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29502

**Entity Name:** SUNRISE COMMUNITY, INC.**Current Principal Place of Business:**9040 SUNSET DRIVE  
MIAMI, FL 33173**Current Mailing Address:**9040 SUNSET DRIVE  
MIAMI, FL 33173 US**FEI Number:** 65-0118730**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WRAY, ZACHARY  
9040 SUNSET DRIVE  
MIAMI, FL 33173 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	DIRECTOR
Name	YOUNG, PAULINE A
Address	12805 SW 103 CT.
City-State-Zip:	MIAMI FL 33176

Title	PRESIDENT
Name	WRAY, ZACHARY
Address	9040 SUNSET DRIVE
City-State-Zip:	MIAMI FL 33173

Title	DIRECTOR
Name	CROWTHER, CONNIE
Address	3612 PALMARITO STREET
City-State-Zip:	CORAL GABLES FL 33173

Title	DIRECTOR
Name	COKER, ROBERT
Address	4105 RIGEL'S COVE WAY
City-State-Zip:	JENSEN BEACH FL 34957

Title	DIRECTOR
Name	LANK, WILLIAM
Address	2733 NE 37TH DRIVE
City-State-Zip:	FT. LAUDERDALE FL 33308

Title	DIRECTOR
Name	MUIR, WILLIAM P
Address	1800 SOUTH OCEAN BLVD #5D
City-State-Zip:	BOCA RATON FL 33432

Title	DIRECTOR
Name	PUJOL, ROSE B
Address	2455 SOUTH BAYSHORE DRIVE
City-State-Zip:	MIAMI FL 33133

Title	DIRECTOR
Name	WEINGER, STEVEN M
Address	1881 SO. BAYSHORE DRIVE
City-State-Zip:	MIAMI FL 33133

**Continues on page 2**

*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:** SHERRI POTTER**ASST. SECRETARY****01/10/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WETHERINGTON, GLORIA A  
Address 2050 E. OAKLAND PARK BLVD #201  
City-State-Zip: FT. LAUDERDALE FL 33306-1121

Title DIRECTOR  
Name HICKS, GREGORY  
Address 5 FAR HILLS DRIVE  
City-State-Zip: AVON CT 06001

Title DIRECTOR  
Name ARMOUR, RUSSELL  
Address 6028 SW 85TH AVENUE  
City-State-Zip: MIAMI FL 33143-1536

Title DIRECTOR  
Name OWENS, WILLIAM  
Address 4001 TAMIAMI TRAIL NORTH  
C/O BOND SCHOENECK & KING #250  
City-State-Zip: NAPLES FL 34103

Title DIRECTOR  
Name HOLCOMB, JOHN JR.  
Address 1410 HARBOUR WALK RD.  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name COOK, EMILIE T  
Address 370 GLENHAVEN DR.  
City-State-Zip: MILLEDGEVILLE GA 31061

Title DIRECTOR  
Name MCMACKIN, FRANK J IV  
Address 536 ALMERIA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name VANCE, KEVIN  
Address 3160 NE 27TH AVENUE  
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title DIRECTOR  
Name SOUTO, JOSE E JR.  
Address 1437 SOPERA AVENUE  
City-State-Zip: CORAL GABLES FL 33143

Title ASST. SECRETARY  
Name POTTER, SHERRI L  
Address 9040 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33173

Title DIRECTOR  
Name HARRIS, ASHLEY  
Address 5790 PINE BROOK RD. NE  
City-State-Zip: SANDY SPRINGS GA 30328

Title SECRETARY, TREASURER  
Name PANIAGUA, ARNIE  
Address 9040 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33173