

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000084158

Entity Name: SUNRISE VILLAS HOLDING COMPANY, INC.**Current Principal Place of Business:**32 SUNRISE VILLAS LANE
PALM COAST, FL 32137**Current Mailing Address:**32 SUNRISE VILLAS LANE
PALM COAST, FL 32137 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BACHTOLD, MARKUS
SUNRISE VILLAS LANE 32
PALM COAST, FL 32137 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	D
Name	BAECHTOLD, MARKUS MD
Address	IN DER WEID 15
City-State-Zip:	GOLDACH (SWITZERLAND) SG 9403

Title	D
Name	CASCIARO, GIANFRANCO D
Address	HAUPTSTRASSE
City-State-Zip:	BUCHACKERN (ERLEN) TG 8583

Title	D
Name	BAECHTOLD, MARCO D
Address	IN DER WEID 15
City-State-Zip:	GOLDACH SG 9403

Title	D
Name	WINTERSTEIN, GABRIELA D
Address	IN DER WEID 15
City-State-Zip:	GOLDACH SG 9403

Title	D
Name	HOBİ, NADIA D
Address	IN DE WEID 15
City-State-Zip:	GOLDACH SG 9403

Title	D
Name	BAECHTOLD, STEFANIE D
Address	IN DER WEID 15
City-State-Zip:	GOLDACH SG 9403

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARKUS BAECHTOLD

MD

01/14/2014

Electronic Signature of Signing Officer/Director Detail_____
Date