


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90060 017 ****61.25

DOCUMENT # 716735
 1. Entity Name
THE SUNRISER CONDOMINIUM INC.



Principal Place of Business Mailing Address
5971 NORTHWEST 17TH PLACE **5971 NORTHWEST 17TH PLACE**
SUNRISE FL 33313 **SUNRISE FL 33313**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1356571 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
BAKALAR, BROUGH & CHADROW, P.A.
150 SOUTH PINE ISLAND ROAD, SUITE 540
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Bakalar & Eichner, P.A.
Westside Corporate Center
150 South Pine Island Road, Suite 540
Plantation, Fl 33324

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 *Paul D. Eichner* **PAUL D. EICHNER** DATE **1/31/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FLEMMINGS, MARSHA	
STREET ADDRESS	5971 NW 17 PLACE #109	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	S	<input type="checkbox"/> Delete
NAME	JANIVER, STEPHEN	
STREET ADDRESS	5971 NW 17 PLACE, #102	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOUIS, M. PIERRE	
STREET ADDRESS	5971 NW 17 PLACE #211	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JAMES A	
STREET ADDRESS	5971 NW 17 PLACE #206	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEVILLE U. CHUNG	
STREET ADDRESS	7341 NW 11 STREET	
CITY-ST-ZIP	PLANTATION, FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: *Neville U. Chung* **NEVILLE U. CHUNG** Date **1/28/05** Daytime Phone #