
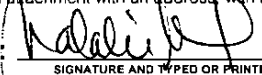


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90044 038 ****61.25

DOCUMENT # 716735					
1. Entity Name THE SUNRISER CONDOMINIUM INC.					
Principal Place of Business 5971 NORTHWEST 17TH PLACE SUNRISE, FL 33313			Mailing Address 5971 NORTHWEST 17TH PLACE SUNRISE, FL 33313		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1356571	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAKALAR & EICHNER, P.A. WESTSIDE CORPORATE CENTER 150 SOUTH PNE ISLAND ROAD, SUITE 540 PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State: FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEMMINGS, MARSHA		NAME	Sharon Foster	
STREET ADDRESS	5971 NW 17 PLACE #109		STREET ADDRESS	16801 SW 38th Street	
CITY-ST-ZIP	SUNRISE, FL 33313		CITY-ST-ZIP	Miramar FL 33027	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMORINI, CYNTHIA		NAME		
STREET ADDRESS	5971 NW 17 PLACE #101		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33313		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINEN, DREPAUL		NAME	Winston Clarke	
STREET ADDRESS	813 NW 49 AVENUE		STREET ADDRESS	5971 NW 17th Place #112	
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP	Sunrise FL 33313	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIR, PATSY		NAME		
STREET ADDRESS	5971 NW 17 PLACE #111		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33313		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHUNG, NEVILLE U		NAME	Natalie Chung	
STREET ADDRESS	7241 NW 11 STREET		STREET ADDRESS	5971 NW 17th Place #201	
CITY-ST-ZIP	PLANTATION, FL 33313		CITY-ST-ZIP	Sunrise FL 33313	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Natalie Chung			Date: 05/17/49266		Daytime Phone #