
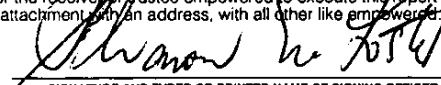


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90390 036 ****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		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent BAKALAR & EICHNER, P.A. WESTSIDE CORPORATE CENTER 150 SOUTH PNE ISLAND ROAD, SUITE 540 PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				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, 2008		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 type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, SHARON			NAME	
STREET ADDRESS	16801 SW 38TH STREET			STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33027			CITY-ST-ZIP	
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 type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, WINSTON			NAME	
STREET ADDRESS	5971 NW 17TH PL #112			STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33313			CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUNG, NATALIE			NAME	
STREET ADDRESS	5971 NW 17TH PL #201			STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33313			CITY-ST-ZIP	
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 empowers.					
SIGNATURE: 				Date: 4/25/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 954 696-8003	