


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90049 042 ****61.25

DOCUMENT # 723912 1. Entity Name SUNRISE TOWNE PREFERRED CONDOMINIUM, INC.	
------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 4780 N. STATE RD. 7 E 250 LAUDERDALE LAKES FL 33319 US	Mailing Address 4780 N. STATE RD. 7 E 250 FORT LAUDERDALE FL 33319 US
------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

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

City & State Zip Country	City & State Zip Country
------------------------------------------------------	------------------------------------------------------

4. FEI Number 59-2209173	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent PHOENIX MANAGEMENT SERVICES INC. 4780 N. STATE RD. 7 E 250 LAUDERDALE LAKES FL 33319

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 _____ DATE _____
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, 2004**

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: PD NAME: MYERS, ANDREA STREET ADDRESS: 5967 NW 29 ST. CITY-ST-ZIP: SUNRISE FL 33313 <input type="checkbox"/> Delete	
TITLE: D NAME: KEATING, JOHN STREET ADDRESS: 5505 PEMBROKE RD CITY-ST-ZIP: HOLLYWOOD FL 33021 <input checked="" type="checkbox"/> Delete	
TITLE: D NAME: MARGUES, ARELIS STREET ADDRESS: 5950 NW 28TH ST CITY-ST-ZIP: SUNRISE FL 33313 <input type="checkbox"/> Delete	
TITLE: SD NAME: JACKSON, DRU W STREET ADDRESS: 5955 NW 25 CT. CITY-ST-ZIP: SUNRISE FL 33313 <input type="checkbox"/> Delete	
TITLE: P NAME: BUTTS, KATHY STREET ADDRESS: 5996 NW 25 CT CITY-ST-ZIP: SUNRISE FL 33313 <input checked="" type="checkbox"/> Delete	
TITLE: TD NAME: KITAIN, JEFF STREET ADDRESS: 5959 NW 27TH PL CITY-ST-ZIP: SUNRISE FL 33313 <input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: DIRECTOR NAME: MARIA RIVERA STREET ADDRESS: 2698 N.W. 60th way CITY-ST-ZIP: SUNRISE, FL, 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Andrea Myers* 3/08/04 (954) 640-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #