


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90025 033 ****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.

City & State

Zip Country

01062005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2209173

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PHOENIX MANAGEMENT SERVIES 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)

Filing 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	PD	<input type="checkbox"/> Delete
NAME	MYERS, ANDREA	
STREET ADDRESS	5967 NW 29 ST.	
CITY-ST-ZIP	SUNRISE, FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, MARIA	
STREET ADDRESS	2698 NW 60TH WAY	
CITY-ST-ZIP	SUNRISE, FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARGUES, ARELIS	
STREET ADDRESS	5950 NW 28TH ST	
CITY-ST-ZIP	SUNRISE, FL 33313	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, DRU W	
STREET ADDRESS	5955 NW 25 CT.	
CITY-ST-ZIP	SUNRISE, FL 33313	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KITAIN, JEFF	
STREET ADDRESS	5959 NW 27TH PL	
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 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, 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*

1-24-05 9546407070