

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723912

FILED
Apr 17, 2009
Secretary of State

Entity Name: SUNRISE TOWNE PREFERRED CONDOMINIUM, INC.

Current Principal Place of Business:

C/O DMS, INC.
2600 NW 60TH TERR
SUNRISE, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

C/O DMS, INC.
6041 KIMBERLY BLVD. STE D
NORTH LAUDERDALE, FL 33068 US

New Mailing Address:

FEI Number: 59-2209173 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DMS, INC.
6041 KIMBERLY BLVD STE D
NORTH LAUDERDALE, FL 33068 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DD (X) Delete
Name: FREEMAN, ANGELA
Address: 5958 NW 25 ST.
City-St-Zip: SUNRISE, FL 33313

Title: PD () Delete
Name: FOSTER, REYNOLD
Address: 5967 NW 29TH WAY
City-St-Zip: SUNRISE, FL 33313

Title: VP () Delete
Name: KIFFIN, JULIE
Address: 5959 NW 25 CT
City-St-Zip: SUNRISE, FL 33313

Title: DT () Delete
Name: SCOTT, PAULETTE S DT
Address: 5975 NW 25TH COURT
City-St-Zip: SUNRISE, FL 33313 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD FOSTER

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date