


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90071 036 ****61.25

DOCUMENT # 748910
 1. Entity Name
SUNRISE OF PALM BEACH CONDOMINIUM ASSOCIATION, INC. 2



Principal Place of Business
**C/ G.R.S. MANAGEMENT ASSOCIATES, INC
 3900 WOODLAKE BLVD., STE 201
 LAKE WORTH, FL 33463 US**

Mailing Address
**C/ G.R.S. MANAGEMENT ASSOCIATES, INC
 3900 WOODLAKE BLVD., STE 201
 LAKE WORTH, FL 33463 US**

2. Principal Place of Business
 Suite, Apt. #, etc.


3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



01132004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2372309

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF
 500 AUSTRALIAN AVE
 9TH FLOOR
 WEST PALM BEACH, FL 33401**

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 MARTIN A GOLDMAN PRESIDENT DATE 3/1/04

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, 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 D	<input checked="" type="checkbox"/> Delete
NAME BASS, HYMAN	
STREET ADDRESS 4920 LUCERNE LAKES BLVD #206	
CITY-ST-ZIP LAKE WORTH, FL 33461	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME GOLDBERG, BERNAD	
STREET ADDRESS 4900 LUCERNE LAKES BLVD., #102	
CITY-ST-ZIP LAKE WORTH, FL 33467	
TITLE PD DVP	<input type="checkbox"/> Delete
NAME GRANT, ROBERT	
STREET ADDRESS 7578 TAHITI LN 101	
CITY-ST-ZIP LAKE WORTH, FL 33467	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME LEVINE, CHARLES	
STREET ADDRESS 7682 TALIH LANE, #202	
CITY-ST-ZIP HIGHLAND CITY, FL 33846	
TITLE DT	<input type="checkbox"/> Delete
NAME FRED DIAMOND	
STREET ADDRESS 7633 TAHITI LANE, #103	
CITY-ST-ZIP LAKE WORTH, FL 33461	
TITLE DVP PD	<input type="checkbox"/> Delete
NAME MARTIN GOLDMAN	
STREET ADDRESS 7618 TAHITI LANE, #104	
CITY-ST-ZIP LAKE WORTH, FL 33461	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Albert, Stuart	
STREET ADDRESS 7578 Tahiti Ln #206	
CITY-ST-ZIP Lake Worth, FL 33467	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Lillian, Schechtel	
STREET ADDRESS 4880 Tahiti Ln #102	
CITY-ST-ZIP Lake Worth, FL 33467	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Carl Hans	
STREET ADDRESS 7590 Tahiti Lane #503	
CITY-ST-ZIP Lake Worth, FL 33467	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Larry Sherman	
STREET ADDRESS 7682 Tahiti Lane #204	
CITY-ST-ZIP Lake Worth, FL 33467	
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 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 Martin A Goldman **MARTIN A GOLDMAN** DATE 3/1/04 DAYTIME PHONE # 561-963-0692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR