


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90105 029 ****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**

40003172



2. Principal Place of Business
**G.R.S. MANAGEMENT ASSOCIATES, INC.
 3900 WOODLAKE BLVD. SUITE 309
 LAKE WORTH, FL 33463**

3. Mailing Address
**G.R.S. MANAGEMENT ASSOCIATES, INC.
 3900 WOODLAKE BLVD. SUITE 309
 LAKE WORTH, FL 33463**

01052005 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				7. Name and Address of New Registered Agent	
BECKER & POLIAKOFF 500 AUSTRALIAN AVE 9TH FLOOR WEST PALM BEACH, FL 33401				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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STUART, ALBERT			NAME	<i>See attached</i>		
STREET ADDRESS	7578 TAHITI LN # 206			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHECHTEL, LILLIAN			NAME			
STREET ADDRESS	4380 TAHITI LN # 102			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP			
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GRANT, ROBERT			NAME	<i>See attached</i>		
STREET ADDRESS	7578 TAHITI LN 101			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HANS, CARL			NAME	<i>See attached</i>		
STREET ADDRESS	7590 TAHITI LANE # 503			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRED DIAMOND			NAME			
STREET ADDRESS	7633 TAHITI LANE, #103			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33461			CITY-ST-ZIP			
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MARTIN GOLDMAN			NAME	<i>See attached</i>		
STREET ADDRESS	7618 TAHITI LANE, #104			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33461			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 officers empowered.

SIGNATURE: *[Signature]* **President** *1/12/05* *561-642-119*

SIGNATURE AND TITLE OF PERSON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

ATTACHMENT For Doc# 748910
748910 Sunrise of PB 2

ADD VP
CAROMILE, JOSEPH
7641 TAHITI LANE #203
BRISTOL, RI 02809

40003172

ADD D
LIFF, HAROLD & PEARL
7673 TAHITI LANE #105
LAKE WORTH, FL 33467

ADD D
RASLOWSKY, JOSEPH & LORRAINE
7633 TAHITI LANE #204
LAKE WORTH, FL 33467

ADD D
SILVERMAN, JOSEPH
7682 TAHITI LANE #104
LAKE WORTH, FL 33467