


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90056 013 ****61.25

DOCUMENT # 748910							
1. Entity Name SUNRISE OF PALM BEACH CONDOMINIUM ASSOCIATION, INC. 2							
Principal Place of Business G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD., SUITE 309 LAKE WORTH, FL 33463 US			Mailing Address G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD., SUITE 309 LAKE WORTH, FL 33463 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2372309 <table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 _____							
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, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	John Rescigno		
STREET ADDRESS	7578 TAHITI LN # 206			STREET ADDRESS	4920 Luccrose Lakes Blvd		
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP	Lake Worth Blvd		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CAROMILE, JOSEPH			NAME	Robert Grant		
STREET ADDRESS	7641 TAHITI LANE #203			STREET ADDRESS	2578 Tahiti lane		
CITY-ST-ZIP	BRISTOL, RI 02809			CITY-ST-ZIP	Lake Worth FLA 33467		
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FRED DIAMOND			NAME	Hal Liff		
STREET ADDRESS	7633 TAHITI LANE, #103			STREET ADDRESS	7633 Tahiti lane		
CITY-ST-ZIP	LAKE WORTH, FL 33462 33467			CITY-ST-ZIP	Lake Worth FLA 33467		
TITLE	BM	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BIERMAN, MYANA			NAME			
STREET ADDRESS	7650 TAHITI LN			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP			
TITLE	President - Silverman	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Joseph			NAME	→		
STREET ADDRESS	7682 Tahiti lane # 104			STREET ADDRESS	→		
CITY-ST-ZIP	Lake Worth Fla 33467			CITY-ST-ZIP	→		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Joyce Goldman			NAME	→		
STREET ADDRESS	7618 Tahiti lane # 104			STREET ADDRESS	→		
CITY-ST-ZIP	Lake Worth Fla			CITY-ST-ZIP	→		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Frank Leonard Pres				Date: 04/11/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # _____			