



2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000001042						FILED 06 SEP 25 PM 2:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Entity Name 14201 SUNRISE CONDOMINIUM ASSOCIATION, INC.				Principal Place of Business 3081 E. COMMERCIAL BLVD #105 FORT LAUDERDALE, FL 33308				Mailing Address 3081 E. COMMERCIAL BLVD #105 FORT LAUDERDALE, FL 33308	
2. Principal Place of Business		3. Mailing Address		08212006 Chg-NP		CR2E037 (4/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-0715311		Applied For Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent					
MACINNES, DENNIS 3081 E. COMMERCIAL BLVD #105 FORT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name: MINK & MINK, INC. Street Address (P.O. Box Number is Not Acceptable): 3081 E. COMMERCIAL BLVD #105 City: FT. LAUDERDAL FL Zip Code: 33308					
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: D. K. MINK, President <small>Signature, typed or printed name of registered agent and title if applicable.</small>				 <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE: 8-30-06			
Amended AR is \$61.25				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	P	<input type="checkbox"/> Delete RUTHERFORD, KEVIENE DR 6363 NW 6TH WAY FORT LAUDERDALE, FL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300080153793 09/25/06--01068--018 **61.25				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	T	<input type="checkbox"/> Delete DIFIORE, CHRISTINE M 6363 NW 6TH WAY FORT LAUDERDALE, FL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	S	<input type="checkbox"/> Delete NEHLS, SHERI 6363 NW 6TH WAY FORT LAUDERDALE, FL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	D	<input type="checkbox"/> Delete LEVINE, MELANIE 6363 NW 6TH WAY FORT LAUDERDALE, FL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	D	<input type="checkbox"/> Delete BISHOP, JAY 6363 NW 6TH WAY FORT LAUDERDALE, FL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				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 reports 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: Christine M. Di Fiore <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Christine M. Di Fiore <small>Date</small>		(954)693-9118 <small>Daytime Phone #</small>			