


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90019 010 ****61.25

DOCUMENT # N04000001042

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**

40048811



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

03072008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
20-0715311

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**MINK & MINK, INC.
 3081 E. COMMERCIAL BLVD
 #105
 FORT LAUDERDALE, FL 33308**

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

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. **\$5.00 May Be Added to Fees**

**Make check payable to
 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRANT, MICHELLE 14201 W. SUNRISE BLVD. #205 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DIFIORE, CHRISTINE M 6363 NW 6TH WAY FORT LAUDERDALE, FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V NEHLS, SHERI 6363 NW 6TH WAY FORT LAUDERDALE, FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LEVINE, MELANIE 6363 NW 6TH WAY FORT LAUDERDALE, FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BISHOP, JAY 6363 NW 6TH WAY FORT LAUDERDALE, FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14201 W. Sunrise Blvd. Ste 201 Sunrise, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TREASURER 14201 W. Sunrise Blvd. Ste 104 Sunrise, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICE PRESIDENT 14201 W. Sunrise Blvd. Ste 203 Sunrise, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY Yael Gurtwitz 14201 W. Sunrise Blvd Unit 202 Sunrise, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR PAULA GRANT 14201 W. Sunrise Blvd Unit 205/206 Sunrise, FL 33323 |

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: Christ M. D. Line Pres. 3/14/08 954-693-9118
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #