

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001042

FILED
Mar 11, 2009
Secretary of State

Entity Name: 14201 SUNRISE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3081 E. COMMERCIAL BLVD
#105
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

3081 E. COMMERCIAL BLVD
#105
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 20-0715311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINK & MINK, INC.
3081 E. COMMERCIAL BLVD
#105
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIFIORE, CHRISTINE M
Address: 14201 W. SUNRISE BLVD, STE. 201
City-St-Zip: SUNRISE, FL 33323

Title: T () Delete
Name: NEHLS, SHERI
Address: 14201 W. SUNRISE BLVD, STE. 104
City-St-Zip: SUNRISE, FL 33323

Title: VP () Delete
Name: LEVIINE, MELANIE
Address: 14201 W. SUNRISE BLVD, STE. 203
City-St-Zip: SUNRISE, FL 33323

Title: S (X) Delete
Name: GURWITZ, YARL
Address: 14201 W. SUNRISE BLVD. UNIT 202
City-St-Zip: SUNRISE, FL 33323

Title: D (X) Delete
Name: GRANT, PAULA
Address: 14201 W. SUNRISE BLVD, UNIT 205/206
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: NEHLS, SHERI
Address: 14201 W. SUNRISE BLVD, STE. 104
City-St-Zip: SUNRISE, FL 33323

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE M. DIFIORE

P

03/11/2009

Electronic Signature of Signing Officer or Director

Date