

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 16, 2007
Secretary of State**

DOCUMENT# N06000009632

Entity Name: SUNRISE ON THE GREEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13794 NW 4TH STREET SUITE 200
SUNRISE, FL 33325

New Principal Place of Business:

Current Mailing Address:

13794 NW 4TH STREET SUITE 200
SUNRISE, FL 33325

New Mailing Address:

FEI Number: 20-3934577 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE SE 3RD AVE 28TH FLOOR
MIAMI, FL 33131 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: DST () Delete
Name: BRADY, PHIL
Address: 13794 NW 4TH STREET SUITE 200
City-St-Zip: SUNRISE, FL 33325

Title: DP () Delete
Name: HIDALGO, EDGAR
Address: 13794 NW 4TH STREET SUITE 200
City-St-Zip: SUNRISE, FL 33325

Title: DV () Delete
Name: MONTOTO, ANGEL
Address: 13794 NW 4TH STREET SUITE 200
City-St-Zip: SUNRISE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: MONTERO, MICHAEL T
Address: 13794 NW 4TH STREET SUITE 200
City-St-Zip: SUNRISE, FL 33325

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: MICHAEL T. MONTERO

D

08/16/2007

Electronic Signature of Signing Officer or Director

_____ Date