

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737351

Entity Name: SUNFLOWER CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O CCM, INC.
7124 N. NOB HILL ROAD
TAMARAC, FL 33321**Current Mailing Address:**C/O CCM, INC.
7124 N. NOB HILL ROAD
TAMARAC, FL 33321**FEI Number:** 59-1727906**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BALLARD, LEE H ESQ
LAW OFFICES OF LEE H. BALLARD, P.A.
10100 W. SAMPLE ROAD, THIRD FLOOR
CORAL SPRINGS, FL 33065 US*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**Officer/Director Detail :**

Title	PRESIDENT	Title	VP
Name	FREEMAN, HAGAN	Name	SLOAT-ROGERS, VANESSA
Address	C/O CCM, INC. 7124 N. NOB HILL RD	Address	C/O CCM, INC. 7124 N. NOB HILL RD
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321
Title	SECRETARY/TREASURER	Title	DIRECTOR
Name	GLOVER, LYNN	Name	WILLIAMS, CYNDY
Address	C/O CCM, INC. 7124 N. NOB HILL RD	Address	C/O CCM, INC. 7124 N. NOB HILL RD
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321
Title	DIRECTOR		
Name	BISCHOF, KARYN		
Address	C/O CCM, INC. 7124 N. NOB HILL RD		
City-State-Zip:	TAMARAC FL 33321		

I hereby 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 all other like empowered.

SIGNATURE: HAGAN FREEMAN

PRES

02/02/2021

Electronic Signature of Signing Officer/Director Detail_____
Date