2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748910

Entity Name: SUNRISE OF PALM BEACH CONDOMINIUM ASSOCIATION, INC.

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FILED
Jan 13, 2017
Secretary of State
CC2031398731

Current Principal Place of Business:

8135 LAKE WORTH ROAD, SUITE B LAKE WORTH, FL 33467

Current Mailing Address:

8135 LAKE WORTH ROAD, SUITE B LAKE WORTH, FL 33467 US

FEI Number: 59-2372309 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC. 8135 LAKE WORTH ROAD, SUITE B LAKE WORTH, FL $\,33467\,$ 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 P Title T

Name VASSALLO, ANTHONY Name SPINNER, NORMAN

Address 8135 LAKE WORTH ROAD Address 8135 LAKE WORTH ROAD

SUITE B SUITE B

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title VP Title SECRETARY

Name DEFELICE, ANTHONY Name LEONARDO, DONNA

Address 8135 LAKE WORTH ROAD Address 8135 LAKE WORTH ROAD

SUITE B SUITE B

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR Title DIRECTOR

Name RESCIGNO, JOHN Name WILEY, SHIRLEY

Address 8135 LAKE WORTH ROAD Address 8135 LAKE WORTH ROAD

SUITE B SUITE B

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

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: ANTHONY VASSALLO

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/13/2017