

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748910

**FILED**  
**Mar 11, 2021**  
**Secretary of State**  
**2541548428CC**

**Entity Name:** SUNRISE OF PALM BEACH CONDOMINIUM ASSOCIATION, INC.  
2

**Current Principal Place of Business:**

2101CENTREPARK W DRIVE  
SUITE 101  
WST PALM BEACH, FL 33409

**Current Mailing Address:**

2101CENTREPARK W DRIVE  
SUITE 101  
WST PALM BEACH, FL 33409 US

**FEI Number:** 59-2372309

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

STOLOFF & MANOFF, P.A.  
1818 S. AUSTRALIAN AVENUE  
SUITE 400  
WEST PALM BEACH, FL 33409 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:** SCOTT A SOLOFF

03/11/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           VASSALLO, ANTHONY  
Address       8135 LAKE WORTH ROAD  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title           VP  
Name           DEFELICE, ANTHONY  
Address       8135 LAKE WORTH ROAD  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title           SECRETARY  
Name           LEONARDO, DONNA M.  
Address       8135 LAKE WORTH ROAD  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title           TREASURER  
Name           FALCK, BEVERLY  
Address       8135 LAKE WORTH ROAD  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title           DIRECTOR  
Name           RESCIGNO, JOHN  
Address       8135 LAKE WORTH ROAD  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title           DIRECTOR  
Name           CLERKE, WALTER  
Address       8135 LAKE WORTH ROAD, SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title           DIRECTOR  
Name           LESTER, ARTHUR  
Address       8135 LAKE WORTH ROAD  
                  SUITE B  
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

**PRESIDENT**

03/11/2021

Electronic Signature of Signing Officer/Director Detail

Date