

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748927

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC1069895865**

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

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**Current Principal Place of Business:**

C/O G.R.S. MGMT. ASSOCIATES, INC.  
3900 WOODLAKE BLVD., STE. 309  
LAKE WORTH, FL 33463

**Current Mailing Address:**

C/O G.R.S. MGMT. ASSOCIATES, INC.  
3900 WOODLAKE BLVD., STE. 309  
LAKE WORTH, FL 33463 US

**FEI Number:** 59-1863953

**Certificate of Status Desired:** No

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

THE BOGEN LAW GROUP  
THE BOGEN LAW GROUP  
1900 GLADES ROAD SUITE 300  
BOCA RATON, FL 33431 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:** MICHAEL BOGEN

02/23/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	WEDDERBURN, BETTY
Address	4760 LUCERNE LAKES BLVD
City-State-Zip:	LAKE WORTH FL 33467
Title	DS
Name	HALEY, DORTHY
Address	4575 LUCERNE LAKES BLVD. W #107
City-State-Zip:	LAKE WORTH FL 33467

Title	DT
Name	MILLS, WILLIAM
Address	4700 LUCERNE LAKES BLVD #503
City-State-Zip:	LAKE WORTH FL 33467
Title	VP
Name	NANCY , WRIGHT
Address	4575 LUCERNE LAKES BLVD
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:** BETTY WEDDERBURN

**PRESIDENT**

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date