

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769082

**Entity Name:** SUNRISE HARBOR CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 13, 2020**  
**Secretary of State**  
**6533831735CC**

**Current Principal Place of Business:**

C/O PALM BEACH PROPERTY MGMT.  
1300 NW 17TH AVENUE STE. 255  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

C/O PALM BEACH PROPERTY MGMT.  
1300 NW 17TH AVENUE STE. 255  
DELRAY BEACH, FL 33445 US

**FEI Number: 47-3635687**

**Certificate of Status Desired: No**

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

MANSFIELD, MADELINE  
C/O PALM BEACH PROPERTY MGMT.  
1300 NW 17TH AVENUE STE. 255  
DELRAY BEACH, FL 33445 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: MADELINE MANSFIELD**

**04/13/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name CARDENAS, EVELIO  
Address C/O PALM BEACH PROPERTY MGMT.  
1300 NW 17TH AVENUE STE. 255  
City-State-Zip: DELRAY BEACH FL 33445

Title SECRETARY  
Name DRISCOLL, PATRICK  
Address C/O PALM BEACH PROPERTY MGMT.  
1300 NW 17TH AVENUE STE. 255  
City-State-Zip: DELRAY BEACH FL 33445

Title PRESIDENT  
Name SANTANGELO, DAVID  
Address C/O PALM BEACH PROPERTY MGMT.  
1300 NW 17TH AVENUE STE. 255  
City-State-Zip: DELRAY BEACH FL 33445

*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: DAVID SANTANGELO**

**PRESIDENT**

**04/13/2020**

Electronic Signature of Signing Officer/Director Detail

Date