

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29347

**FILED**  
**Apr 23, 2024**  
**Secretary of State**  
**6533243224CC**

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

**Current Principal Place of Business:**

C/O KEYS PROPERTY MANAGEMENT  
5505 N ATLANTIC AVE #207  
COCOA BEACH, FL 32931

**Current Mailing Address:**

C/O KEYS PROPERTY MANAGEMENT  
5505 N ATLANTIC AVE #207  
COCOA BEACH, FL 32931 US

**FEI Number:** 65-0213042

**Certificate of Status Desired:** No

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

KEYS PROPERTY MANAGEMENT  
KEYS PROPERTY MANAGEMENT  
5505 N ATLANTIC AVE SUITE 207  
COCOA BEACH, FL 32931 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:** CHRISSIE WENTZ

04/23/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WEINSTEIN, DAVID  
Address        C/O KEYS PROPERTY MANAGEMENT  
                  5505 N ATLANTIC AVE #207  
City-State-Zip: COCOA BEACH FL 32931

Title            VP  
Name            DUFF, STEPHEN  
Address        KEYS PROPERTY MANAGEMENT  
                  5505 N ATLANTIC AVE #207  
City-State-Zip: COCOA BEACH FL 32931

Title            TREASURER  
Name            MCCOY, RONNIE  
Address        1978 US 1  
                  SUITE 106  
City-State-Zip: ROCKLEDGE FL 32955

Title            SECRETARY  
Name            SPENCER, SHERRY  
Address        1978 US 1  
                  SUITE 106  
City-State-Zip: ROCKLEDGE FL 32955

Title            DIRECTOR  
Name            KILTHAU, JOEL  
Address        KEYS PROPERTY MANAGEMENT  
                  5505 N ATLANTIC AVE #207  
City-State-Zip: COCOA BEACH FL 32931

Title            MANAGER  
Name            WENTZ, CHRISSIE  
Address        C/O KEYS PROPERTY MANAGEMENT  
                  5505 N ATLANTIC AVE #207  
City-State-Zip: COCOA BEACH FL 32931

*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:** CHRISSIE WENTZ

MANAGER

04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date