


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2007 8:00 am
Secretary of State

08-06-2007 90031 024 ****61.25

DOCUMENT # 709373		
1. Entity Name SUNRISE MANORS INC., A CONDOMINIUM		

Principal Place of Business 250 -260 SUNRISE DR. KEY BISCAVNE, FL 33149 US	Mailing Address % C.P.M. CORP. 170 OCEAN LANE DRIVE KEY BISCAVNE, FL 33149
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40128441



02222007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1116653	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COHEN, ALBERTO CERTIFIED PROPERTY MANAGEMENT CORP. 170 OCEAN LANE DRIVE KEY BISCAVNE, FL 33149		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DODDS, CINDY 260 SUNRISE DR #L KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAKELLIS, NICOLAS G 260 SUNRISE DR #J KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete ANGEL, TATIANA 250 SUNRISE DR #N KEY BISCAVNE, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SOBREVIOLA, Luis 250 SUNRISE DRIVE KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete GRAHAM, BILL 260 SUNRISE DR. KEY BISCAVNE, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete LEIGHTON, ANA 260 SUNRISE DR KEY BISCAVNE, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BALOGH, ANGELA 250 SUNRISE DR. KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4-12-07 505-321-9442**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

ATTACHMENT
40128227

Sunrise Manors, Inc.

c/o C.P.M. Corporation 170 Ocean Lane Drive, Key Biscayne, Florida 33149

July 19, 2007

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: **Doc # 709373**

Gentlemen:

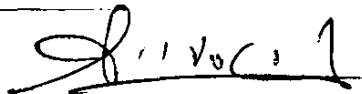
In connection with the above referenced document, it has come to our attention that our check # 3470, payable to Florida Department of State in the amount of \$61.25 mailed along with the Annual Report on April 26, 2007 remains uncashed (see copies attached).

We would like to find out if you are in receipt of same, otherwise, we will place a Stop Payment Order on said check and issue a replacement. Please advise the undersigned at your earliest convenience.

Thank you for your prompt attention to this matter.

Sincerely,

SUNRISE MANORS, INC.



Alberto Cohen, CMCA, AMS
Management Agent

AC/yg

cc: Board of Directors
File

ATTACHMENT

40128227
709373

Colonial - Operating DOC #709373

61.25

SUNRISE MANORS, INC. A CONDOMINIUM
Florida Department of State
Licenses and Permits/Filing Fees

Doc#709373
2007

4/26/2007

61.25

3470

www.123ChecksOnline.com

SUNRISE MANORS, INC. A CONDOMINIUM
OPERATING ACCOUNT
170 OCEAN LANE DR.
KEY BISCAYNE, FL 33149-1460

COLONIAL BANK

3470

4/26/2007

63-1518 / 670

PAY TO THE ORDER OF Florida Department of State

Sixty-One and 25/100*****

Florida Department of State
PO BOX 1500
Tallahassee, FL 32302-1500

\$ **61.25

[Signature]

4/26/2007

MEMO DOC #709373

AUTHORIZED SIGNATURES

Security features. Details on back.