2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# 709373

Entity Name: SUNRISE MANORS INC., A CONDOMINIUM

Current Principal Place of Business:

250 -260 SUNRISE DR.
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

% C.P.M. CORP.
170 OCEAN LANE DRIVE
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 59-1116653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, ALBERTO
CERTIFIED PROPERTY MANAGEMENT CORP.
170 OCEAN LANE DRIVE
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DODDS, CINDY
Address: 260 SUNRISE DR #L
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPD ( ) Delete
Name: SAKELLIS, NICOLAS G
Address: 260 SUNRISE DR #J
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD ( ) Delete
Name: SOBERVILLA, LUIS
Address: 250 SUNRISE DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SD ( ) Delete
Name: GRAHAM, BILL
Address: 260 SUNRISE DR.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete
Name: BALOGH, ANGELA
Address: 260 SUNRISE DR
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: DODDS, CINDY
Address: 260 SUNRISE DR #L
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SOBERVILLA, LUIS
Address: 250 SUNRISE DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: PD (X) Change ( ) Addition
Name: BALOGH, JULIE
Address: 260 SUNRISE DR.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D (X) Change ( ) Addition
Name: ANGEL, TATIANA
Address: 250 SUNRISE DR
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JULIE BALOGH PD 04/15/2008

Electronic Signature of Signing Officer or Director — Date