

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90044 038 ****61.25

DOCUMENT # 716735

1. Entity Name
THE SUNRISER CONDOMINIUM INC.



Principal Place of Business
**5971 NORTHWEST 17TH PLACE
SUNRISE, FL 33313**

Mailing Address
**5971 NORTHWEST 17TH PLACE
SUNRISE, FL 33313**

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

03192007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1356571

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAKALAR & EICHNER, P.A.
WESTSIDE CORPORATE CENTER
150 SOUTH PNE ISLAND ROAD, SUITE 540
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	P FLEMMINGS, MARSHA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5971 NW 17 PLACE #109	
CITY - ST - ZIP	SUNRISE, FL 33313	
TITLE NAME	S AMORINI, CYNTHIA	<input type="checkbox"/> Delete
STREET ADDRESS	5971 NW 17 PLACE #101	
CITY - ST - ZIP	SUNRISE, FL 33313	
TITLE NAME	D SINEN, DREPAUL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	813 NW 49 AVENUE	
CITY - ST - ZIP	PLANTATION, FL 33317	
TITLE NAME	D WEIR, PATSY	<input type="checkbox"/> Delete
STREET ADDRESS	5971 NW 17 PLACE #111	
CITY - ST - ZIP	SUNRISE, FL 33313	
TITLE NAME	T CHUNG, NEVILLE U	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7241 NW 11 STREET	
CITY - ST - ZIP	PLANTATION, FL 33313	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	President Sharon Foster	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	16801 SW 38th Street	
CITY - ST - ZIP	Miramar FL 33027	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME	Director Winston Clarke	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5971 NW 17th Place #112	
CITY - ST - ZIP	Sunrise FL 33313	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME	Treasurer Natalie Chung	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5971 NW 17th Place #201	
CITY - ST - ZIP	Sunrise FL 33313	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

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:

Natalie Chung
Natalie Chung

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9547149266