2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#716735

FILED Mar 07, 2009 Secretary of State

Entity Name: THE SUNRISER CONDOMINIUM INC.

Current Principal Place of Business: New Principal Place of Business: 5971 NORTHWEST 17TH PLACE SUNRISE, FL 33313 **Current Mailing Address: New Mailing Address:** 5971 NORTHWEST 17TH PLACE SUNRISE, FL 33313 FEI Number: 59-1356571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAKALAR & EICHNER, P.A WESTSIDE CORPORATE CENTER 150 SOUTH PNE ISLAND ROAD, SUITE 540 PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete FOSTER, SHARON FOSTER, SHARON N Name: Name: 16801 SW 38TH STREET Address: 16801 SW 38TH STREET Address: MIRAMAR, FL 33027 City-St-Zip: City-St-Zip: MIRAMAR, FL 33027 Title: () Delete Title: (X) Change () Addition AMORINI, CYNTHIA Name: GAGNON, CYNTHIA Name: Address: 5971 NW 17 PLACE #101 Address: 8909 NW 28TH DR #D City-St-Zip: SUNRISE, FL 33313 City-St-Zip: CORAL SPRINGS, FL 33065 Title: () Delete Title: (X) Change () Addition CLARKE, WINSTON HARVEL, JANVIER Name: Name: 5971 NW 17TH PL #112 5971 NW 17TH PL #102 Address: Address: City-St-Zip: SUNRISE, FL 33313 City-St-Zip: SUNRISE, FL 33313 () Delete Title: Title: () Change () Addition Name: WEIR, PATSY Name: Address: 5971 NW 17 PLACE #111 Address: City-St-Zip: SUNRISE, FL 33313 City-St-Zip: Title: () Delete Title: () Change (X) Addition GAGNON, RONALD Name: Name: 8909 NW 28 DRIVE #D Address: Address: City-St-Zip: City-St-Zip: CORAL SPRINGS, FL 33065 Title: () Delete Title: () Change (X) Addition CAULDERO, FELIX Name: Name: Address: Address: 5971 NW 17 PLACE # 201 SUNRISE, FL 33313 City-St-Zip: City-St-Zip:

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: SHARON N. FOSTER P 03/07/2009