

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716735

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** THE SUNRISER CONDOMINIUM INC.

**Current Principal Place of Business:**

5971 NORTHWEST 17TH PLACE  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

5971 NORTHWEST 17TH PLACE  
SUNRISE, FL 33313

**New Mailing Address:**

**FEI Number:** 59-1356571

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BAKALAR & EICHNER, P.A.  
WESTSIDE CORPORATE CENTER  
150 SOUTH PNE ISLAND ROAD, SUITE 540  
PLANTATION, FL 33324 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: P  
Name: FOSTER, SHARON N  
Address: 16801 SW 38TH STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: S  
Name: GAGNON, CYNTHIA  
Address: 8909 NW 28TH DR #D  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T  
Name: HARVEL, JANVIER  
Address: 5971 NW 17TH PL #102  
City-St-Zip: SUNRISE, FL 33313

Title: D  
Name: WEIR, PATSY  
Address: 5971 NW 17 PLACE #111  
City-St-Zip: SUNRISE, FL 33313

Title: D  
Name: GAGNON, RONALD  
Address: 8909 NW 28 DRIVE #D  
City-St-Zip: CORAL SPRINGS, FL 33065

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:** SHARON N. FOSTER

P

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date