

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90212 031 \*\*\*\*61.25

**DOCUMENT # 720651**

1. Entity Name  
**SUNFLOWER GARDENS CONDOMINIUM, INC.**



Principal Place of Business  
**7100 W. COMMERCIAL BLVD.  
SUITE 107  
LAUDERHILL, FL 33319**

Mailing Address  
**7100 WEST COMMERCIAL BLVD  
SUITE 107  
LAUDERHILL, FL 33319**

**40037599**



02132008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1446728</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**AMBASSADOR COMMUNITY MANAGEMENT  
7100 W. COMMERCIAL BLVD.  
SUITE 107  
LAUDERHILL, FL 33319**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRONDIN, FERNAND 3431 NW 50 AVE., #208 LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD JACQUES, MARCEL 3431 NW 50TH AVE, #103 LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VIGEANT, NICOLE 3431 NW 50TH AVE, #313 LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VIGEANT, NICOLE 3431 NW 50TH AVE #313 LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AUDETTE, JACKIE 3431 NW 50 AVE., #214 LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PELOQUIN, ANDRE 3431 NW 50TH AVE., #110 LAUDERDALE LAKES, FL 33319

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-20-08**

Date

Daytime Phone #