

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721095

FILED
Apr 23, 2007
Secretary of State

Entity Name: 155 SUNRISE - A CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

155 SUNRISE DRIVE
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

901 PONCE DE LEON BOULEVARD
SUITE #505
CORAL GABLES, FL 33134

New Mailing Address:

P.O. BOX 490720
KEY BISCAYNE, FL 33149

FEI Number: 59-1448273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESEACH MANAGEMENT CORPORATION
901 PONCE DE LEON BOULEVARD
SUITE #505
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MICHELE & ASSOCIATES
800 CRANDON BLVD #102
KEY BISCAYNE, FL 33149 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: FEERICO N PADOVAN

04/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HINCKLEY, ROBERT
Address: 155 SUNRISE DRIVE #2A
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: LANG, GRACE
Address: 155 SUNRISE DR 3B
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S () Delete
Name: MILLER, ANN V
Address: 155 SUNRISE DRIVE, #2C
City-St-Zip: KEY BISCAYNE, FL 33149

Title: T () Delete
Name: SUAREZ-MURIAS, LOURDES
Address: 155 SUNRISE DRIVE, #4B
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP () Delete
Name: ARGUELLES, HUMBERTO
Address: 155 SUNRISE DRIVE #4C
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HINCKLEY, ROBERT
Address: 155 SUNRISE DRIVE #2A
City-St-Zip: KEY BISCAYNE, FL 33149

Title: P (X) Change () Addition
Name: LANG, GRACE
Address: 155 SUNRISE DR 3B
City-St-Zip: KEY BISCAYNE, FL 33149

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GRACE LANG

P

04/23/2007

Electronic Signature of Signing Officer or Director

Date