

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90022 011 ****61.25

40120890



01312007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1379282

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SUNRAE MGMT SERVICES, INC.~~
7071 W COMMERCIAL BLVD
SUITE 2B
TAMARAC, FL 33319

7. Name and Address of New Registered Agent

Name **SUNRAE PROPERTY MANAGEMENT**

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

JEFF GOLDBERG

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

5/4/07

**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	P	<input type="checkbox"/> Delete
NAME	SHEA, MARGE	
STREET ADDRESS	1600 S OCEAN DRIVE # 3B	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SBARBARO, ROBERT	
STREET ADDRESS	1600 S. OCEAN DR, #16G	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOZEK, DONALD	
STREET ADDRESS	1600 S. OCEAN DR, #12B	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NISSINOFF, BEVERLY	
STREET ADDRESS	1600 S OCEAN DRIVE # 5E	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAPLAN, WILLIAM	
STREET ADDRESS	1600 S. OCEAN DR, #1E	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOVA, MICHAEL	
STREET ADDRESS	1600 S OCEAN DR 11C	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-707

Date

Daytime Phone #