


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 723801

1. Entity Name
SUN COUNTRY CONDOMINIUM, INC.



Principal Place of Business
**3115-3199 N.W. 96 AVE.
 CORAL SPRINGS, FL 33065**

Mailing Address
**3115-3199 N.W. 96 AVE.
 CORAL SPRINGS, FL 33065**

DO NOT WRITE IN THIS SPACE



04292005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1533271

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**POLIAKOFF, GARY A.
 3111 STIRLING ROAD
 FT. LAUDERDALE, FL 33312**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

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 LASORSA, JESSIE P 3133 CORAL HILLS DR., #3C CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOESSNER, DONNA 3133 CORAL HILLS DR., #C1 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KANIA, MICHELLE 3177 CORAL HILLS DR. CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD KINNEY, ANITA 3115 CORAL HILLS DRIVE #D-1 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/03/05-80153-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michelle Kania Michelle Kania 4/27/05 954-344-6619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #