

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 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**



03242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 _____

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LASORSA, JESSIE P
STREET ADDRESS 3133 CORAL HILLS DR., #3C
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE D
NAME WOESSNER, DONNA
STREET ADDRESS 3133 CORAL HILLS DR., #C1
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE SD
NAME KANIA, MICHELLE
STREET ADDRESS 3177 CORAL HILLS DR.
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE VTD
NAME KINNEY, ANITA
STREET ADDRESS 3115 CORAL HILLS DRIVE #D-1
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000731225
05/08/07-80113-007 61.25

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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:

Michelle Kania Michelle Kania

4/22/07

954-344-6619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #