


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90382 028 ****61.25

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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1533271	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POLIAKOFF, GARY A. 3111 STIRLING ROAD FT. LAUDERDALE, FL 33312			Name		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LASORSA, JESSIE P		NAME	Anita Harap	
STREET ADDRESS	3133 CORAL HILLS DR., #3C		STREET ADDRESS	3115 Coral Hills Dr. # D2	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice President/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOESSNER, DONNA		NAME	Rose Casarelli	
STREET ADDRESS	3133 CORAL HILLS DR., #C1		STREET ADDRESS	3115 Coral Hills Dr. # D3	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANIA, MICHELLE		NAME		
STREET ADDRESS	3177 CORAL HILLS DR.		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINNEY, ANITA		NAME	Anita Kinney	
STREET ADDRESS	3115 CORAL HILLS DRIVE #D-1		STREET ADDRESS	3115 Coral Hills Dr. # D1	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Michelle Kania</i> Michelle Kania			Date: 4/18/08		Daytime Phone #: 954-344-16619
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					