2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #723801



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

1. Entity Nam SUN COI		CONDOMINIUM, IN	C.)4-28-2008 9	00382 028 ****6	51.25			
3115-3199 N.W. 96 AVE. 311				ling Address 15-3199 N.W. 96 AVE. RAL SPRINGS, FL 33065			a jiyar hain aaral iial s	STATI BITTI BITTI BITTI GITTI GI	Birrêl êl lêri		
Principal Place of Business - No P.O. Box # 3. Mai			3. Mailing Address	ailing Address							
Suite, Apt. #, etc. Se			Suite, Apt. #, etc.	Suite, Apt. #, etc.			hg-NP	CR2E037 (12/06)			
City & State			City & State	City & State			71	├	pplied For ot Applicable		
Zip		Country Zip Co		Cou	ntry						
	6. Name	and Address of Current	Registered Agent		Nome	7. Name and Add	iress of New Re	gistered Agent			
POLIAKOI 3111 STIR						Name Street Address (P.O. Box Number is Not Acceptable)					
FT. LAUDI		· · · ·									
				City				FL Zip Cox			
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. Fam familiar with, and accept the obligations of registered agent.											
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SIGNATURE	Skoot ve head	for printed name of registered agent a	med title if another the MACO	F. 6	d Agent signature requi			DATE			
	organization (Ninco	to the montaine or reflerenen where t	arku uwa a alpipacaspia. (NO)								
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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 attachypent with an address, with gll other like empowered.

SIGNATURE AND TYPED OR PRINTED MAIRE OF SIGNING OFFICER OR DIRECTOR	Date Date	Daytime Phone #
SIGNATURE: Michelle Karia Michelle Kania	0 4/18/1	08 954-3UU-10/19