

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723801

FILED
Apr 13, 2009
Secretary of State

Entity Name: SUN COUNTRY CONDOMINIUM, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

3115-3199 CORAL HILLS DR.
CORAL SPRINGS, FL 33065

FEI Number: 59-1533271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARAP, ANITA
Address: 3115 CORAL HILLS DR. #D2
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: WOESSNER, DONNA
Address: 3133 CORAL HILLS DR., #C1
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SD () Delete
Name: KANIA, MICHELLE
Address: 3177 CORAL HILLS DR.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TD () Delete
Name: KINNEY, ANITA
Address: 3115 CORAL HILLS DR. #D1
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PAYNE, JIM
Address: 3155 CORAL HILLS DR., #B4
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SD (X) Change () Addition
Name: KANIA, MICHELLE
Address: 3177 CORAL HILLS DR. #E2
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: COSCARELLI, ROSE
Address: 3115 CORAL HILLS DR. #D3
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE KANIA

SD

04/13/2009

Electronic Signature of Signing Officer or Director

Date