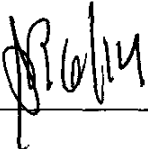


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 724629 1. Entity Name SUNRISE COVE CONDOMINIUM ASSOCIATION, INC.						FILED 06 JUN 12 AM 9:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business SUNRISE COVE CONDO ASSOC 2477 STICKNEY POINT ROAD, STE 118A SARASOTA, FL 34231				Mailing Address SUNRISE COVE CONDO ASSOC 2477 STICKNEY POINT ROAD, STE 118A SARASOTA, FL 34231					
2. Principal Place of Business		3. Mailing Address		05242006 Chg-NP CR2E037 (4/06)					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1507154		Applied For ☐ Not Applicable			
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
Zip	Country	Zip	Country						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
HAMMERLING, WALTER E 2477 STICKNEY POINT ROAD, STE 118A SARASOTA, FL 34231				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 _____				200076398812 06/20/06--01072--012 ***61.25					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	VP SCHMIDT, EDWARD 8911 MIDNIGHT PASS RD, #510 SARASOTA, FL 34242			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary HAMMERLING, WALTER 2477 Stickney Point Rd, Ste. 118A Sarasota, FL 34231				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRIFFIELD, MEL 8977 MIDNIGHT PASS RD. #423 SARASOTA, FL 34242			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director SIEGEL, SID 8977 Midnight Pass Rd, #419 Sarasota, FL 34242				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HULLOCK, GEORGE 9011 MIDNIGHT PASS RD., #330 SARASOTA, FL 34242			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer MCELHOSE, SHIRLEE 8977 Midnight Pass Rd. #521 Sarasota, FL 34242				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESSER, JUDITH 9011 MIDNIGHT PASS RD, #331 SARASOTA, FL 34242			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director KERR, WANDA 8911 Midnight Pass Rd. #209 Sarasota, FL 34242				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ECKMANN, RANDY 8911 Midnight Pass Rd. #111 Sarasota, FL 34242				
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: _____				6/9/06 (941) 349-4955					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									