2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 725326

Entity Name: 115 SUNRISE A CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

115 SUNRISE DR
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

C/O CPM CORP.
170 OCEAN LANE DRIVE
KEY BISCAYNE, FL 33149

New Mailing Address:

C/O CPM CORP.
1801 CORAL WAY #305
MIAMI, FL 33145

FEI Number: 59-2435210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CERTIFIED PROPERTY MANAGEMENT
170 OCEAN LINE DR.
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

CERTIFIED PROPERTY MANAGEMENT
1801 CORAL WAY #305
MIAMI, FL 33145 US

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: _____ 03/19/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CUBAS, JORGE D
Address: 115 SUNRISE DR.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPD ( ) Delete
Name: BURCH, TIM
Address: 115 SUNRISE DR PHB
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete
Name: KELLOGG, JACKIE
Address: 115 SUNRISE DR
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ALBERTO COHEN RA 03/19/2009
Electronic Signature of Signing Officer or Director — Date