2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#725530

FILED Feb 16, 2009 Secretary of State

Entity Name: SUTTON PLACE CONDOMINIUM, INC.

Current Principal Place of Business: New Principal Place of Business:

2616, 2624 & 2716 NE 30 PLACE FT.LAUDERALE, FL 33306

Current Mailing Address: New Mailing Address:

BOX 11562

FT. LAUDERDALE, FL 33339

FEI Number: 16-0364414 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KANODE, EMERSON

2716 NE 30 PL

FORT LAUDERDALE, FL 33306 US

JUAN PEREZ & ASSOC
8569 PINES BLVD
#216

FORT LAUDERDALE, FL 33306 US #216
PEMBROKE PINES, FL 33024 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: JUAN PEREZ 02/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 MEDLEY, CHRISTINA
 Name:
 MEDLEY, CHRISTINA

 Address:
 2616 NE 30 PL
 Address:
 2616 NE 30 PL, UNIT 5

 City-St-Zip:
 FT. LAUDERDALE, FL 33306
 City-St-Zip:
 FT. LAUDERDALE, FL 33306

Title: ST () Delete Title: ST (X) Change () Addition Name: CHUECA, KAREN ST (X) Change () Addition Name: CHUECA, KAREN

Address: 2616 NE 30 PL Address: 2616 NE 30 PL, UNIT 6
City-St-Zip: FT.LAUDERALE, FL 33306 City-St-Zip: FT.LAUDERALE, FL 33306

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 MELBEUF, JEAN
 Name:
 MONTGOMERY, ALAN

 Address:
 2616 NE 30 PL
 Address:
 2624 NE 30 PL, UNIT 9

City-St-Zip: FORT LAUDERDALE, FL 33306 City-St-Zip: FORT LAUDERDALE, FL 33306

Name:KANODE, EMERSONName:KANODE, EMERSONAddress:2716 NE 30 PLAddress:2716 NE 30 PL, UNIT 2

City-St-Zip: FORT LAUDERDALE, FL 33306 City-St-Zip: FORT LAUDERDALE, FL 33306

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: EMERSON KANODE VP 02/16/2009