

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 17, 2002 8:00 am
Secretary of State**

02-17-2002 90105 027 ****61.25

DOCUMENT # 728017

1. Entity Name

SUNRISE #1 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**488 NE 18TH AVE
101
HOMESTEAD FL 33033
US**

Mailing Address

**28271 SW 136 PL.
HOMESTEAD FL 33033**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1583845

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CURL, JOHN K
488 NE 18 AVE
101
HOMESTEAD, FL 33033**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	☒ Delete
NAME	MARTIN, BETTY	
STREET ADDRESS	488 NE 18TH AVE #205	
CITY-ST-ZIP	HOMESTEAD, FL 00000	

TITLE	VPD	☐ Change ☒ Addition
NAME	White, Wanda	
STREET ADDRESS	488 NE 18th Ave # 104	
CITY-ST-ZIP	HOMESTEAD, FL 33033	

TITLE	STD	☐ Delete
NAME	CURL, JOHN KELLY	
STREET ADDRESS	488 NE 18TH AVENUE, #101	
CITY-ST-ZIP	HOMESTEAD FL	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☐ Delete
NAME	MALLORY, JEANETTE	
STREET ADDRESS	488 NE 18TH AVE. #102	
CITY-ST-ZIP	HOMESTEAD FL	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-02

(305) 322-9257

CR2E037 (9/01)