

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 728017	
1. Entity Name SUNRISE #1 CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 488 NE 18TH AVE UNIT 101 HOMESTEAD, FL 33033 US	Mailing Address 488 NE 18TH AVE UNIT 101 HOMESTEAD, FL 33033 US
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DO NOT WRITE IN THIS SPACE



03312004 No Chg-NP CR2E037 (10/03)

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 CURL, KELLY ANN 488 NE 18 AVE # 101 HOMESTEAD, FL 33033	
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DO NOT WRITE
IN THIS SPACE

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.

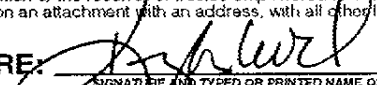
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U00000101702 04/02/04-80024-006 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD WHITE, WANITA 488 NE 18TH AVENUE, SUITE 104 HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD CURL, KELLY ANN 488 NE 18TH AVENUE, #101 HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MALLORY, JEANETTE 488 NE 18TH AVE. #102 HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	Kelly A. Curl	3-31-2004	(305) 255-1452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #