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	Mailing Address
488 NE 18TH AVE UNIT 101 HOMESTEAD, FL 33033 US	488 NE 18TH AVE UNIT 101 HOMESTEAD, FL 33033 US

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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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 _____ DATE
(signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	WHITE, WANITA
STREET ADDRESS	488 NE 18TH AVENUE, SUITE 104
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	STD
NAME	CURL, KELLY ANN
STREET ADDRESS	488 NE 18TH AVENUE, #101
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	PD
NAME	MALLORY, JEANETTE
STREET ADDRESS	488 NE 18TH AVE. #102
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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)(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: Kelly A. Curl 3-31-2004 (305)255-1452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #