


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # 728017 1. Entity Name SUNRISE #1 CONDOMINIUM ASSOCIATION, INC. |  |
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| Principal Place of Business 488 NE 18TH AVE UNIT 101 HOMESTEAD, FL 33033 US | Mailing Address 27800 SW 174 AVENUE HOMESTEAD, FL 33031 US |
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DO NOT WRITE IN THIS SPACE

FILED
Aug 04, 2008 08:00 AM
Secretary of State



07172008 No Chg-NP CR2E037 (4/06)

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|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-1583845 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MALLARY, JEANETTE T 27800 SW 174 AVENUE HOMESTEAD, FL 33031 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by September 12, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|--------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STEBBINS, ROBERT 410 NE 501 TERRACE MIAMI, FL 33137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MALLARY, JEANETTE T 27800 SW 174 AVENUE HOMESTEAD, FL 33031 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WHITE, WANETA 17405 SW 267 LANE HOMESTEAD, FL 33031 |
| 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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08/04/08-80003-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **7/31/08** (305) 283-9204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #