

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728017

FILED  
Mar 17, 2009  
Secretary of State

**Entity Name:** SUNRISE #1 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

488 NE 18TH AVE  
HOMESTEAD, FL 33033 US

**Current Mailing Address:**

27800 SW 174 AVENUE  
HOMESTEAD, FL 33031 US

**New Mailing Address:**

**FEI Number:** 59-1583845      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MALLARY, JEANETTE T  
27800 SW 174 AVENUE  
HOMESTEAD, FL 33031 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STEBBINS, ROBERT  
Address: 410 NE 501 TERRACE  
City-St-Zip: MIAMI, FL 33137

Title: STD ( ) Delete  
Name: MALLARY, JEANETTE T  
Address: 27800 SW 174 AVENUE  
City-St-Zip: HOMESTEAD, FL 33031

Title: VPD ( ) Delete  
Name: WHITE, WANETA  
Address: 17405 SW 267 LANE  
City-St-Zip: HOMESTEAD, FL 33031

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JEANETTE T. MALLARY

STD

03/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date