2003 NOT-FOR-PROFIT CORPORATION

FILED Feb 13, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 728017** 02-13-2003 90205 003 ****61.25 SUNRISE #1 CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address BPEPSUUE **489 NE 18TH AVE** 28271 SW 136 PL. HOMESTEAD FL 33033 101 HOMESTEAD FL 33033 US 2. Principal Place of Business 3. Mailing Address 18 AVC 488 NE CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 59-1583845 City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent sox Number is Not Acceptable) CURL, JOHN K Street 488 NE 18 AVE 101 **HOMESTEAD FL 33033** City 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 *Q-01-2003* of registered agent and title if agu 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE Change TITLE Delete Kelly Ann Carl 488 NE 18 Ave #101 WHITE, WANITA NAME NAME 488 NE 18TH AVENUE, SUITE 104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP lonesteed Ft 33033 CITY-ST-ZIP HOMESTEAD FL 33033 STD Delete TITLE ☐ Change ☐ Addition CURL, JOHN KELLY NAME STREET ADDRESS STREET ADDRESS 488 NE 18TH AVENUE, #101 CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL TITLE Delete TITLE Change Addition MALLORY, JEANETTE NAME NAME STREET ADDRESS 488 NE 18TH AVE. #102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 received 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 a other like empowered changed, or on an attachment vith an address, with

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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☐ Delete

☐ Delete

2-01-2003

36-d55-4452

Change

☐ Change

Addition

■ Addition