

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730256

1. Entity Name

SUNRISE ISLAND CONDOMINIUM ASSOCIATION I, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90177 001 ****61.25

Principal Place of Business

Mailing Address

3905 NOB HILL ROAD
SUNRISE FL 33351

3905 NOB HILL ROAD
SUNRISE FL 33351-5865

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2042109

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER, POLIAKOFF & STREITFELD, P.A.
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312-6525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME CRAIG, NANCY
STREET ADDRESS 3905 NOB HILL ROAD., 3311
CITY-ST-ZIP SUNRISE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME WASSERMAN, MIRIAM
STREET ADDRESS 3905 NOB HILL ROAD., #304
CITY-ST-ZIP SUNRISE FL

TITLE ☐ Change ☐ Addition
NAME VP. ROSARIO, LYDIA
STREET ADDRESS 3905 NOB HILL ROAD #301
CITY-ST-ZIP SUNRISE, FL 33351

TITLE SD ☒ Delete
NAME DANIELS, MARCIA
STREET ADDRESS 3905 NOB HILL ROAD., #203
CITY-ST-ZIP SUNRISE FL

TITLE ☐ Change ☐ Addition
NAME VP. AVRAS, SHEILA
STREET ADDRESS 3905 NOB HILL ROAD #103
CITY-ST-ZIP SUNRISE, FL 33351

TITLE D ☐ Delete
NAME NAHOUM, RALPH
STREET ADDRESS 3905 NOB HILL ROAD., #300
CITY-ST-ZIP SUNRISE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME ROGERS, WALTER
STREET ADDRESS 3905 NOB HILL ROAD., #402
CITY-ST-ZIP SUNRISE FL

TITLE ☐ Change ☐ Addition
NAME D. WASSERMAN, SHELDON
STREET ADDRESS 3905 NOB HILL ROAD #304
CITY-ST-ZIP SUNRISE, FL 33351

TITLE VP ☐ Delete
NAME WOON, CEDRIC
STREET ADDRESS 3905 NOB HILL RD, #511
CITY-ST-ZIP SUNRISE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)