

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90069 033 ***150.00

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1. Entity Name

SUNRISE ISLAND CONDOMINIUM ASSOCIATION I, INC.



Principal Place of Business

**3905 NOB HILL ROAD
SUNRISE FL 33351**

Mailing Address

**3905 NOB HILL ROAD
SUNRISE FL 33351**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2042109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WOON, CEDRIC
STREET ADDRESS 3905 NOB HILL RD., #511
CITY-ST-ZIP SUNRISE FL 33351

TITLE VPD ☐ Delete
NAME CRAIG, NANCY
STREET ADDRESS 3905 NOB HILL RD., #311
CITY-ST-ZIP SUNRISE FL 33351

TITLE SD ☐ Delete
NAME ISAACS, JEFFIFER
STREET ADDRESS 3905 NOB HILL RD., #409
CITY-ST-ZIP SUNRISE FL 33351

TITLE D ☒ Delete
NAME WASSERMAN, SHELDON
STREET ADDRESS 3905 NOB HILL RD., #304
CITY-ST-ZIP SUNRISE FL 33351

TITLE D ☐ Delete
NAME FOLKES, ADRIAN
STREET ADDRESS 3905 NOB HILL RD., #104
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME D. RODRIGUEZ, LORENZO
STREET ADDRESS 3905 NOB HILL RD #411
CITY-ST-ZIP SUNRISE, FL 33351

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

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 #

✓ 03/04/04

954 748 7123