

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90216 025 ****61.25

DOCUMENT # 730256

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 RD, APT 513
SUNRISE FL 33351**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 **Robert Kaye & Associates P.A.**

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

6261 NW 6th Way, Suite 103

City **Fort Lauderdale**

FL

Zip Code **33309**

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

Robert Kaye President

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, 2006**

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 **RODRIGUEZ, LORENZO**
STREET ADDRESS **3905 NOB HILL RD #411**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **D** ☒ Delete
NAME **ROSARIO, LYDIA**
STREET ADDRESS **3905 NOB HILL ROAD #301**
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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME **THIELEN, TATIANA**
STREET ADDRESS **3905 NOB HILL RD #512**
CITY-ST-ZIP **SUNRISE, FL**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/06

Date

Daytime Phone #