

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730256

FILED
Apr 21, 2009
Secretary of State

Entity Name: SUNRISE ISLAND CONDOMINIUM ASSOCIATION I, INC.

Current Principal Place of Business:

3905 NOB HILL ROAD
SUNRISE, FL 33351

New Principal Place of Business:

3905 NOB HILL ROAD
#513
SUNRISE, FL 33351

Current Mailing Address:

3905 NOB HILL RD, APT 513
SUNRISE, FL 33351

New Mailing Address:

3905 NOB HILL ROAD
#513
SUNRISE, FL 33351

FEI Number: 59-2042109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOCIATES P.A.
6261 NW 6TH WAY STE 103
FORT LAUDERDALE, FL 33309 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: EILAND, MICHAEL
Address: 3905 NOB HILL RD. #501
City-St-Zip: SUNRISE, FL 33351

Title: VPD () Delete
Name: CRAIG, NANCY
Address: 3905 NOB HILL RD., #311
City-St-Zip: SUNRISE, FL 33351

Title: TD () Delete
Name: ROGERS, WALTER
Address: 3905 NOB HILL ROAD #402
City-St-Zip: SUNRISE, FL 33351

Title: SD () Delete
Name: THIELENS, TATIANA
Address: 3905 NOB HILL RD #512
City-St-Zip: SUNRISE, FL 33351

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:

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: MICHAEL EILAND

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date