2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

DOCUMENT# 730498

Entity Name: SUNRISE #2 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

400 NE 18 AVENUE, APT. 209
HOMESTEAD, FL 33033 US

New Principal Place of Business:

400 NE 18 AVENUE, APT. 203
HOMESTEAD, FL 33033 US

Current Mailing Address:

400 NE 18 AVENUE, APT. 209
HOMESTEAD, FL 33033 US

New Mailing Address:

400 NE 18 AVENUE, APT. 203
HOMESTEAD, FL 33033 US

FEI Number: 59-1584293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BALDOVINO, VICTOR A
400 NE 18 AVENUE, APT. 209
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

BALDOVINO, VICTOR A
400 NE 18 AVENUE, APT. 203
HOMESTEAD, FL 33033 US

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: _____ 07/09/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BALDOVINO, VICTOR A
Address: 400 NE 18 AVENUE, APT. 209
City-St-Zip: HOMESTEAD, FL 33033 US

Title: D ( ) Delete
Name: AVILES, ANGEL
Address: 400 NE 18 AVENUE, APT. 209
City-St-Zip: HOMESTEAD, FL 33033 US

Title: VP ( ) Delete
Name: KIRK, KATHRYN
Address: 19490 S.W. 334 STREET
City-St-Zip: HOMESTEAD, FL 33034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BALDOVINO, VICTOR A
Address: 400 NE 18 AVENUE, APT. 203
City-St-Zip: HOMESTEAD, FL 33033 US

Title: D (X) Change ( ) Addition
Name: AVILES, ANGEL
Address: 400 NE 18 AVENUE, APT. 203
City-St-Zip: HOMESTEAD, FL 33033 US

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: VICTOR A. BALDOVINO P 07/09/2008
Electronic Signature of Signing Officer or Director — Date