

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 730978**

1. Entity Name  
**SUNRISE INTRACOASTAL HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**P.O. BOX 4780  
FT LAUDERDALE, FL 33304**

Mailing Address  
**P.O. BOX 4780  
FT LAUDERDALE, FL 33304**



01302007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2107862**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SMITH, G. MICHAEL  
672 MIDDLE RIVER DRIVE  
FT. LAUDERDALE, FL 33304**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	UDELL, GERI
STREET ADDRESS	520 INTRACOASTAL DR.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	TD
NAME	SMITH, G. MICHAEL
STREET ADDRESS	672 MIDDLE RIVER DR.
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	VP
NAME	MCNUTTY, DAVID
STREET ADDRESS	722 INTRACOASTAL DR.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	D
NAME	COSTANTINO, MARY
STREET ADDRESS	768 MIDDLE RIVER DR.
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	S
NAME	SALERNO, ELLEN
STREET ADDRESS	2349 NE 8TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	D
NAME	TROUT, JACK
STREET ADDRESS	700 INTRACOASTAL DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304

U00000619122  
02/08/07-80058-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *G. Michael Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-30-2007 954-610-3684**  
Date Daytime Phone #