

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90012 049 \*\*\*\*61.25

<b>DOCUMENT # 730978</b> 1. Entity Name <b>SUNRISE INTRACOASTAL HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 4780 FT LAUDERDALE, FL 33304</b>			Mailing Address <b>P.O. BOX 4780 FT LAUDERDALE, FL 33304</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2107862</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SMITH, G. MICHAEL 672 MIDDLE RIVER DRIVE FT. LAUDERDALE, FL 33304</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;"><small>DATE</small></div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P D</b> UDELL, GERI 520 INTRACOASTAL DR. FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P D</b> <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> SMITH, G. MICHAEL 672 MIDDLE RIVER DR. FORT LAUDERDALE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP D</b> MCNUTTY, DAVID 722 INTRACOASTAL DR. FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP D</b> <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> COSTANTINO, MARY 768 MIDDLE RIVER DR. FORT LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP D</b> John Daly 5/2 middle River Dr. Ft. Lauderdale, FL U.S.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S D</b> SALERNO, ELLEN 2349 NE 8TH STREET FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S D</b> <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> TROUT, JACK 700 INTRACOASTAL DR FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>
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.					
<b>SIGNATURE:</b> <i>G. Michael Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date <b>1-23-08</b> Daytime Phone # <b>954-565-6352</b>	