2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State
04-24-2007 90019 032 ****61.25

DOCUMENT # 742105

1. Entity Name

SUNRISE ISLAND RECREATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O LEIGH A. HENDLER, C.P.A. 1515 UNIVERISTY DR., #107A CORAL SPRINGS FL 33071	C/O LEIGH A. HENDLER, C.P.A. 1515 UNIVERISTY DR., #107A CORAL SPRINGS FL 33071

1st MOORE CR2E037 (10/06)

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 59-2042110 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERT KAYE & ASSOCIATES, P.A. 6261 NORTHWEST 6TH WAY, SUITE 103 FT. LAUDERDALE FL 33309	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CRAIG, NANCY 3905 NOB HILL RD. SUNRISE FL	☒ Delete	D, PRES. EILAND, MICHAEL 3905 NOB HILL RD #501 SUNRISE, FL 33351	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HASSAN, JAGNE 4028 NOB HILL RD SUNRISE FL 33351	☒ Delete	D, VP. HOGAN, DAVID 4025 NOB HILL RD #307 SUNRISE, FL 33351	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLOSKER, JOE 4025 NOB HILL RD SUNRISE FL 33351	☒ Delete	D, TREASURER ~~345~~ MAJOR, YULEE 3955 NOB HILL RD #408 SUNRISE, FL 33351	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHULZE, SANDRA 3955 NOB HILL RD., #510 SUNRISE FL 33351	☒ Delete	D, SECTY MANGAL, THERESA 4025 NOB HILL RD # 302 SUNRISE, FL 33351	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SCOTT, FAITH 4025 NOB HILL RD SUNRISE FL 33351	☒ Delete	D. MEVORAH, ESTHER 3955 NOB HILL RD # 307 SUNRISE, FL 33351	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WOON, CEDRIC 3905 NOS HILL RD SUNRISE FL 33351	☒ Delete	D ROGERS, WALTER 3905 NOB HILL RD # 402 SUNRISE, FL 33351	☐ Change ☐ Addition

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: _____ 4/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #