2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# 742105

Entity Name: SUNRISE ISLAND RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

C/O LEIGH A. HENDLER, C.P.A.
1515 UNIVERISTY DR., #107A
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

C/O LEIGH A. HENDLER, C.P.A.
1515 UNIVERISTY DR., #107A
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 59-2042110 **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 NORTHWEST 6TH WAY, SUITE 103
FT. 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: DP ( ) Delete
Name: KARTZ, VAL
Address: 4025 NOB HILL RD # 205
City-St-Zip: SUNRISE, FL 33351

Title: DVP ( ) Delete
Name: MEVORAH, ESTHER
Address: 3955 NOB HILL RD # 307
City-St-Zip: SUNRISE, FL 33351

Title: DST ( ) Delete
Name: PRICE, JOY
Address: 4025 NOB HILL RD # 105
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete
Name: EILAND, MICHAEL
Address: 3905 NOB HILL RD # 501
City-St-Zip: SUNRISE, FL 33051

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

Title: D ( ) Delete
Name: ROGERS, WALTER
Address: 3905 NOB HILL RD #402
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:

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: JOY PRICE TREA 04/21/2009

Electronic Signature of Signing Officer or Director — Date