

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743167

FILED
Jan 15, 2005
Secretary of State

Entity Name: SONRISA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2000 GULF BLVD., #12
BELLEAIR BEACH, FL 34634

New Principal Place of Business:

2000 GULF BLVD., #12
BELLEAIR BEACH, FL 33786

Current Mailing Address:

7143 120TH ST., NORTH
SEMINOLE, FL 33772

New Mailing Address:

10161 SOUTH LAKE DR.
LARGO, FL 33773

FEI Number: 59-1860357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOGG, FRED C.
7143 120TH ST., NORTH
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

FOGG, FRED C.
10161 SOUTH LAKE DR.
LARGO, FL 33773 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:

01/15/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: BYRD, BONNIE P
Address: 2000 GULF BLVD., #12
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: PD () Delete
Name: BRACKEN, VIRGINIA
Address: 2000 GULF BLVD., #14
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: SD () Delete
Name: PETERSON, JANET
Address: 5 NUTMEG COURT
City-St-Zip: EDISON, NJ 08820

Title: TD () Delete
Name: KEMKER, HARRY
Address: 200 GULF BLVD, #13
City-St-Zip: BELLEAIR BEACH, FL 33786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ROTZ, AMIE
Address: 1479 CHUKAR RIDGE
City-St-Zip: PALM HARBOR, FL 34683

Title: TD (X) Change () Addition
Name: KEMKER, HARRY
Address: 12811 HARBORWOOD DR.
City-St-Zip: LARGO, FL 33774

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VIRGINIA BRACKEN

PD

01/15/2005

Electronic Signature of Signing Officer or Director

Date