

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90035 005 ****61.25

DOCUMENT # 743167

1. Entity Name
SONRISA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2000 GULF BLVD., #12
BELLEAIR BEACH, FL 33786**

Mailing Address
**10161 SOUTH LAKE DR.
LARGO, FL 33773**

50005372



2. Principal Place of Business
2000 GULF BLVD.
Suite, Apt. #, etc.

3. Mailing Address
4326 - 20th STREET N.
Suite, Apt. #, etc.

03192006 Chg-NP CR2E037 (11/05)

City & State
BELLEAIR BEACH, FL
Zip
33786 Country
USA

City & State
ST. PETERSBURG, FL
Zip
33714 Country
USA

4. FEI Number
59-1860357 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **HELEN E. HOPPE**
Street Address (P.O. Box Number is Not Acceptable)
4326 - 20th STREET NORTH
City **ST. PETERSBURG** FL Zip Code **33714**

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

Helen E. Hoppe

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/20/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BYRD, BONNIE P 2000 GULF BLVD., #12 BELLEAIR BEACH, FL 33786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRACKEN, VIRGINIA 2000 GULF BLVD., #14 BELLEAIR BEACH, FL 33786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROTZ, AMIE 1479 CHUKAR RIDGE PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEMKER, HARRY 12811 HARBORWOOD DR. LARGO, FL 33774	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARA KEMKER 12811 HARBORWOOD DR LARGO, FL 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO Cary T Overstreet 16358 Heathrow Dr Tampa, FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

Sarah Lynn Kemker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/06 727 596-9977