

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90039 021 ****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
**4326 20TH ST N
SAINT PETERSBURG, FL 33714**

20006106



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

10825 Seminole Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1

01172007

Chg-NP

CR2E037 (12/06)

City & State

City & State

LARGO, FL

4. FEI Number

59-1860357

Applied For

Not Applicable

Zip

Country

Zip

33778

Country

Pineellas

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

**HOPPE, HELEN E
4326-20TH ST N
SAINT PETERSBURG, FL 33714**

Name **Thomas W. KAPPER**

Street Address (P.O. Box Number is Not Acceptable)

10825 Seminole Blvd. #1

City

LARGO

FL

Zip Code

33778

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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

TITLE **SD** ☐ Delete
NAME **BYRD, BONNIE P**
STREET ADDRESS **2000 GULF BLVD., #12**
CITY-ST-ZIP **BELLEAIR BEACH, FL 33786**

TITLE **D** ☒ Delete
NAME **BRACKEN, VIRGINIA**
STREET ADDRESS **2000 GULF BLVD., #14**
CITY-ST-ZIP **BELLEAIR BEACH, FL 33786**

TITLE **TD** ☐ Delete
NAME **KEMKER, HARRY**
STREET ADDRESS **12811 HARBORWOOD DR.**
CITY-ST-ZIP **LARGO, FL 33774**

TITLE **PD** ☐ Delete
NAME **KEMKER, SARA**
STREET ADDRESS **12811 HARBORWOOD DR**
CITY-ST-ZIP **LARGO, FL 33774**

TITLE **VD** ☐ Delete
NAME **OVERSTREET, CARY T**
STREET ADDRESS **16358 HEATHROW DR**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Robert Scheible**
STREET ADDRESS **2000 GULF BLVD. #4**
CITY-ST-ZIP **Belleair Beach, FL 33786**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

3/12/07
Date

727-397-1192
Daytime Phone #