


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90063 017 \*\*\*\*61.25

<b>DOCUMENT # 743167</b>	
1. Entity Name <b>SONRISA CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>2000 GULF BLVD., #12 BELLEAIR BEACH, FL 33786</b>	Mailing Address <b>10825 SEMINOLE BLVD. 1 LARGO, FL 33778</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03052008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-1860357</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	
<b>KAPPER, THOMAS W 10825 SEMINOLE BLVD. 1 LARGO, FL 33778</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> Delete
NAME	<b>BYRD, BONNIE P</b>
STREET ADDRESS	<b>2000 GULF BLVD., #12</b>
CITY-ST-ZIP	<b>BELLEAIR BEACH, FL 33786</b>
TITLE	TD <input type="checkbox"/> Delete
NAME	<b>KEMKER, HARRY</b>
STREET ADDRESS	<b>12811 HARBORWOOD DR.</b>
CITY-ST-ZIP	<b>LARGO, FL 33774</b>
TITLE	PD <input type="checkbox"/> Delete
NAME	<b>KEMKER, SARA</b>
STREET ADDRESS	<b>12811 HARBORWOOD DR</b>
CITY-ST-ZIP	<b>LARGO, FL 33774</b>
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	<b>OVERSTREET, CARY T</b>
STREET ADDRESS	<b>16358 HEATHROW DR</b>
CITY-ST-ZIP	<b>TAMPA, FL 33647</b>
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	<b>SCHEIBLE, RUBERT</b>
STREET ADDRESS	<b>2000 GULF BLVD., 4</b>
CITY-ST-ZIP	<b>BELLEAIR BEACH, FL 33786</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BYRD, BONNIE</b>
STREET ADDRESS	<b>2000 GULF BLVD. #12</b>
CITY-ST-ZIP	<b>Belleair Beach, FL 33786</b>
TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kemker, HARRY</b>
STREET ADDRESS	<b>12811 HARBORWOOD DR.</b>
CITY-ST-ZIP	<b>LARGO, FL 33774</b>
TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kemker, SARA</b>
STREET ADDRESS	<b>12811 HARBORWOOD DR.</b>
CITY-ST-ZIP	<b>LARGO, FL 33774</b>
TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Rotz, Amie</b>
STREET ADDRESS	<b>1479 Chukar Ridge</b>
CITY-ST-ZIP	<b>Palm Harbor, FL 34683</b>
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Weaver, Timothy</b>
STREET ADDRESS	<b>9500 Creek Bend Trail</b>
CITY-ST-ZIP	<b>DAVISON, MI 48423</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

<b>SIGNATURE</b> <i>Sara Kemker</i>	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <b>Sara Kemker</b>	Date <b>4/16/08</b>	Daytime Phone # <b>727-397-1192</b>
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