

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743167

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** SONRISA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

10825 SEMINOLE BLVD.  
1  
LARGO, FL 33778

**New Mailing Address:**

**FEI Number:** 59-1860357      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAPPER, THOMAS W  
10825 SEMINOLE BLVD.  
1  
LARGO, FL 33778 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: DT ( ) Delete  
Name: BYRD, BONNIE P  
Address: 2000 GULF BLVD., #12  
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: DP ( ) Delete  
Name: KEMKER, HARRY  
Address: 12811 HARBORWOOD DR.  
City-St-Zip: LARGO, FL 33774

Title: DVP ( ) Delete  
Name: KEMKER, SARA  
Address: 12811 HARBORWOOD DR  
City-St-Zip: LARGO, FL 33774

Title: DS ( ) Delete  
Name: ROTZ, AMIE  
Address: 1479 CHUKAR RIDGE  
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete  
Name: WEAVER, TIMOTHY  
Address: 9500 CREEK BEND TRAIL  
City-St-Zip: DAVISON, MI 48423

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: HARRY KEMKER

P

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date