## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # 747097** 1. Entity Name 04-24-2006 90455 036 \*\*\*\*61.25 SUNI APARTMENTS, INC. Principal Place of Business Mailing Address ASSOC. PROP. MGMT 1928 LAKE WORTH RD LAKE WORTH FL 33461 ASSOC. PROP. MGMT 1928 LAKE WORTH RD LAKE WORTH FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State 4. FEI Number City & State 65-0057880 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ASSOCIATED PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 1928 LAKE WORTH RD LAKE WORTH FL 33461 City Zip Code FL 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 1,27,1,247, 1,2 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Addition ☐ Delete TITLE Change TITLE LEPPAREN, MARKKU KARJALAINEN, PIRJO NAME NAME 1009 5. FEDERAL HWY #1 1009 FEDERAL HWY. #2 STREET ADDRESS STREET ADDRESS LAKE WORTH, FL 33460 LAKE WORTH FL 33460 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Chance ☐ Addition TITLE TITLE KOENIG, BERND NAME NAME 1009 S. FEDERAL HWY #2 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33460 CITY-S1-71P CITY-ST-ZIP TITLE VD Delete TITLE ☐ Change ☐ Addition HOWARD, RICHARD L NAME NAME STREET ADDRESS STREET ADDRESS 1009 S FEDERAL HWY., D-1 LAKE WORTH FL 33460 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

4/10/06

if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

**FILED**