

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90083 002 ****61.25

DOCUMENT # 749376

1. Entity Name
SUNRISE BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**%PROFESSIONALLY YOURS INC
1342 SE 46TH LANE
CAPE CORAL, FL 33904 US**

Mailing Address
**%PROFESSIONALLY YOURS INC
PO BOX 100831
CAPE CORAL, FL 33910 US**

94039093



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2034484

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CAMPBELL, PHILIP
C/O PROFESSIONALLY YOURS, INC.
1342 SE 46TH LANE #3
CAPE CORAL, FL 33904**

Name

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

City

FL

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

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, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **TURILLO, SAM**
CITY-ST-ZIP **4631 SE 5 AVE #101
CAPE CORAL, FL 33904**

TITLE ☒ Change ☐ Addition
NAME **P.O. BOX 271**
STREET ADDRESS **JENNERSTOWN, PA 15547**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **ATKINS, RICHARD**
CITY-ST-ZIP **4629 SE 5TH AVE 104
CAPE CORAL, FL 33904**

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **HARBESON, RAY**
CITY-ST-ZIP **4631 SE 5 AVE 106
CAPE CORAL, FL 33904**

TITLE ☒ Change ☐ Addition
NAME **231 BEECHWOOD AVE**
STREET ADDRESS **DOVER, DE 19901-5232**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **SUSOR, DONALD**
CITY-ST-ZIP **4631 SE 5TH AVE # 204
CAPE CORAL, FL 33904**

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

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **ROBB, JAMES**
CITY-ST-ZIP **4629 SE 5TH AVE 102
CAPE CORAL, FL 33904**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04

Date

239 541 9654

Daytime Phone #

