


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90441 005 ****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
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00051122



2. Principal Place of Business % American Condo MGMT Inc	3. Mailing Address % American Condo MGMT, Inc
Suite, Apt. #, etc. 615 Cape Coral Pkwy W #103	Suite, Apt. #, etc. Po Box 100399
City & State CAPE CORAL FL	City & State CAPE CORAL FL
Zip 33914	Zip 33910
Country USA	Country USA

03022006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2034484	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name SUSAN KASE, CAM
	Street Address (P.O. Box Number is Not Acceptable) % American Condo MGMT, Inc
	615 Cape Coral Pkwy West, #103
	City CAPE CORAL
	FL Zip Code 33914

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 *Susan Kase* *SUSAN Kase* *4/21/06*
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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURILLO, SAM P.O. BOX 271 JENNERSTOWN, PA 15547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ATKINS, RICHARD 4629 SE 5TH AVE 104 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Donald Susor <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, JIM HC 88 BOX 679 POCONO LAKE, PA 18347 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUSOR, DONALD 4631 SE 5TH AVE # 204 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Wallace Hunter <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBB, JAMES 4629 SE 5TH AVE 102 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James F. Smith* *JAMES F. Smith VP* *4/21/06* *239-542-4404*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #