2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #749376

1. Entity Name
SUNRISE BAY CONDOMINIUM ASSOCIATION, INC.



Mailing Address

Principal Place of Business %PROFESSIONALLY YOURS INC

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

05-01-2006 90441 005 ****61.25

1342 SE 46TH LANE							00031122				
CAPE CORAL		US						***			
27 Principal Place of Business Condo MOMITIC To American Condo Momit I											
Suite, Apt. #, etc Suite, Apt. #, etc.							03022006	Chg-NP	CR2E037 (11/05)	
615 Cape Cord PKWW W # 103 PO BOX 100399							Crig-IVF	CR2E037 ((1700)		
City & State				City & State COPAL FL			4. FEI Number 59-2034			→	plied For t Applicable
Zip Country		7in			Country		-	□ \$8	.75 Add	- ' '	
, , ,					<u>us</u> A		Fee Required				
6. Name and Address of Current Registered Agent Name							7. Name and Address of New Registered Agent				
SWAL							TASE, CAM				
Street Address ((P.O. Box Number is Not Acceptable)				
615 Cape							Corp. PI	ewy We	st #10	E0	
					City (1	<u>~~~~</u>	CURNI		T 1 1 1 1	Zip Code	1,1
8. The above	e named entity su	bmits this statement fo	r the purpose of ch	nanging its r	egistered office of	or register		, in the State of F	1		and accept
the obligat	tions of registered	d agent.)								
	(A)	no. K		C1	iens a	くん	_		ماردالا	. 1 .	
SIGNATURE	Signature, typed of pri	inted name of registered agent	and title if applicable.	(NOTE:	Registered Agent signa	ture required	when reinstating)		DATE) (h	
											
							AF AA		Make check pa		
	Filing Fee is	• • • • • • • • • • • • • • • • • • • •			paign Financing		\$5.00 May Be			•	
	Filing Fee is Due by May	• • • • • • • • • • • • • • • • • • • •		ection Cam ust Fund Co			\$5.00 May Be Added to Fees		rida Departme	•	
10.	Due by May	• • • • • • • • • • • • • • • • • • • •	τι			<u></u>	Added to Fees		rida Departme	ent of St	ate
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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 attantion with an address, with all other like empowered.

SIGNATURE: WILL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES F. Smith