

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749376

FILED
Apr 30, 2008
Secretary of State

Entity Name: SUNRISE BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% AMERICAN CONDO MGMT INC
615 CAPE COIN PKWY W 103
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

% AMERICAN CONDO MGMT INC
615 CAPE COIN PKWY W 103
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 59-2034484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASE, SUSAN CAM
C/O AMERICAN COND MGMT INC
615 CAPE PKWY W 103
CAPE CORAL, FL 33914 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: TD () Delete
Name: TURILLO, SAM
Address: P.O. BOX 271
City-St-Zip: JENNERSTOWN, PA 15547 US

Title: VP () Delete
Name: SUSOR, DONALD
Address: 4629 SE 5TH AVE 104
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VD () Delete
Name: SMITH, JIM
Address: HC 88 BOX 679
City-St-Zip: POCONO LAKE, PA 18347 US

Title: P () Delete
Name: HUNTER, WALLACE
Address: 4631 SE 5TH AVE # 204
City-St-Zip: CAPE CORAL, FL 33904 US

Title: SD () Delete
Name: ROBB, JAMES
Address: 4629 SE 5TH AVE 102
City-St-Zip: CAPE CORAL, FL 33904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SUSOR, DONALD
Address: 4629 SE 5TH AVE 104
City-St-Zip: CAPE CORAL, FL 33904 US

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

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

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: JIM SMITH

VP

04/30/2008

Electronic Signature of Signing Officer or Director

Date