

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 24, 2007 8:00 am
Secretary of State

02-19-2007 90056 003 ****61.25
07-24-2007 90041 037 ****70.00

DOCUMENT # 750664

1. Entity Name

SUNRISE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

7677 MAGNOLIA AVENUE
SUITE 4
CAPE CANAVERAL FL 32920
US

Mailing Address

4995 HOG VALLEY RD
MIMS FL 32754
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/07)

4. FEI Number

04-9328103

Applied For

Not Applicable

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

BISSELL, MARILYN G.
7677 MAGNOLIA AVE #4
CAPE CANAVERAL FL 32920

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

M. G. Bissell

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PTD
BISSELL, MARILYN G.
7677 MAGNOLIA #4
COCOA FL *7676 Magnolia Ave* ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VDT
BISSELL, TOM
7677 MAGNOLIA APT 4
CAPE CANAVERAL FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
MARK BUDDENHAGGEN
4395 HOG VALLEY RD
MIMS FL 32754 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-07

Date

Daytime Phone #