2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 8:00 am Secretary of State

DOCUMENT #751494 1. Entity Name SUNRUNNERS OF VERO BEACH, INC.				04-11-2008 90053 044 ****61.25			
2046 14TH P.O. BOX 30		Mailing Address P.O BOX 3032 VERO BEACH, FL 3296	64-3032 US	40065757	. 1 - 17 17 17 17 17 17 17		
	Place of Business - No P.O. Box #	3. Mailing Address Suite, Apt. #, etc.			<u>i karin 1944 olda berat berat olda bolah barin </u>		
City & Stat	# /	City & State		03182008 Chg	NP CR2E037 (12/06)	For	
VERO	Buch, 1-			59-2069274	Not App	olicable	
Zip 3	763 Country USX	Zip	Country	5. Certificate of Statu	Fee Required	al 	
<u> </u>	6. Name and Address of Current	Registered Agent	Name	7. Name and Addres	ss of New Registered Agent		
CLARK, ROBERT C. 6012 DEBORAH WAY FORT PIERCE, FL 34951			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
			City		FI Zip Code		
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or both, in the	State of Florida. I am familiar with, and a	accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	E: Registered Agent signature requ	ired when reinstating)	DATE		
Filing Fee is \$61.25 9. Election Campa Due by May 1, 2008 7rust Fund Cor			\$5.00 May Be Added to Fees	Make check payable to Florida Department of State			
10.							
	OFFICERS AND DI		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS IN 10		
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI TD DALY, TOM 3200 EAGLE DR., #1 VERO BEACH, FL 32963	RECTORS Delete	11. TIPLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES	······································	Addition	
TITLE NAME STREET ADDRESS	TD DALY, TOM 3200 EAGLE DR., #1		TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES	☐ Change ☐	Addition Addition	
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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT DOCUMENT # 751494 UNŔUNNERS OF VERO BEACH, INC. Principal Place of Business Mailing Address 2046 14TH AVE P.O BOX 3032 P.O. BOX 3032 VERO BEACH, FL 32964-3032 US VERO BEACH, FL 32964-3032 40065757 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 Chg-NP CR2E037 (11/05) City & State City & State Applied For FEI Number 59-2069274 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLARK, ROBERT C. Street Address (P.O. Box Number is Not Acceptable) 6012 DEBORAH WAY FORT PIERCE, FL 34951 Zip Code City 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 arm familiar with, and accept the obligations of registered agent, SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when ministating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TD 7171 F [] Change ☐ Addition TITLE ☐ Defete DALY TOM NAME NAME STREET ADDRESS 3200 EAGLE DR., #1 STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP TITLE ☐ Change Addition GERLI, NINA NAME NÀME STREET ADDRESS 3055-10TH PKWY STREET ADDRESS VERO BEACH, FL 32965 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Defete GLABB, SHERRY NAME 205 LIVE OAK DR STREET ADDRESS STREET ADDRESS VERO BCH, FL 32963 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition RADFORD, PATTI 340 8TH TERRACE STREET ADDRESS STREET ADDRESS VERO BEACH, FL 32962 CATY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition SHERRY, BOB STREET ADDRESS 1055 6TH AVE #3 STREET ADDRESS VERO BEACH, FL 32960 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP hereby certify that the information supplied with this filting 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 equired 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 oth SIGNATURE:

Daylana Phone #

Otto

SIGNATURE MID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR