


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90008 035 ****61.25

DOCUMENT # 752484 1. Entity Name SUNRISE TOWERS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2486 CARING WAY PT CHARLOTTE, FL 33952	Mailing Address 2486 CARING WAY PT CHARLOTTE, FL 33952
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20061927



07032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2361412	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RICE, GREG 2486 CARING WAY 13-A PUNTA GORDA, FL 33950
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**DO NOT WRITE
IN THIS SPACE**

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 _____
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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BIEL, LORRAINE 2486 CARING WAY PORT CHARLOTTE, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LAZARKO, NETTIE 2486 CARING WAY PORT CHARLOTTE, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RICE, GREG 2486 CARING WAY PORT CHARLOTTE, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HOHMAN, JOHN 2486 CARING WAY/10-A PORT CHARLOTTE, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VANKEUREN, CONSTNCE 2486 CARING WAY PORT CHARLOTTE, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Date: 7-5-2005 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greg Rice