

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752793

FILED  
Apr 28, 2007  
Secretary of State

**Entity Name:** SUN HOME CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

117 NO. E STREET  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

5112 ARBOR GLEN CIRCLE  
LAKE WORTH, FL 33463 US

**New Mailing Address:**

**FEI Number:** 65-0098437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ATLANTIC FULCRUM, INC.  
5112 ARBOR GLEN CIRCLE  
LAKE WORTH, FL 33463 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: DP ( ) Delete  
Name: REPO, KARI  
Address: 728 N RIDGE RD # 25  
City-St-Zip: LANTANA, FL 33462

Title: D ( ) Delete  
Name: LANGLAIS, LIISA  
Address: 1734 S 18TH AVEAD  
City-St-Zip: LAKE WORTH, FL 33460

Title: D ( ) Delete  
Name: BACHMAN, GREG  
Address: 5209 SANCERRE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: REPO, KARI  
Address: 728 N RIDGE RD # 25  
City-St-Zip: LANTANA, FL 33462

Title: DP (X) Change ( ) Addition  
Name: CARDINAL, JOSEPH  
Address: 117 N E STREET# 4  
City-St-Zip: LAKE WORTH, FL 33460

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: KARI REPO

D

04/28/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date