

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90044 016 ****61.50

DOCUMENT # 753310

1. Entity Name

SUNRISE SPRINGS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

3712 N.W. 88TH AVE.
SUNRISE FL 33351

Mailing Address

3712 N.W. 88TH AVE.
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2143276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRALEY, STEPHEN J P.A.
3990 SHERIDAN STREET
SUITE 109
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name
STRALEY & OTTO P.A.
Street Address (P.O. Box Number is Not Acceptable)
3990 SHERIDAN ST.
SUITE 109
City
HOLLYWOOD, FL. 33021 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

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 May 1, 2004

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	PD FREIDMAN, MADELINE	☒ Delete
STREET ADDRESS	3700 N.W. 88 AVE # 204	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE NAME	S FLORCZAK, KATHLEEN	☒ Delete
STREET ADDRESS	3700 NW 88TH AVENUE, #408	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE NAME	T SCOTT, BETTY	☒ Delete
STREET ADDRESS	3700 NW 88 AVE #112	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE NAME	V ARIS, LORIS	☒ Delete
STREET ADDRESS	3710 NW 88TH AVENUE, #216	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE NAME	D PEREZ, MARIA	☒ Delete
STREET ADDRESS	3710 NW 88TH AVENUE, #216	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE NAME	PR CAPODILUPO, ARNOLD	☐ Delete
STREET ADDRESS	3730 N.W. 88 AVE #238	
CITY-ST-ZIP	SUNRISE FL 33351	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PL ARNOLD CAPODILUPO	☒ Change ☐ Addition
STREET ADDRESS	3730 N.W. 88 AVE. #238	
CITY-ST-ZIP	SUNRISE, FL. 33351	
TITLE NAME	V. BETTY SCOTT	☒ Change ☐ Addition
STREET ADDRESS	3700 N.W. 88 AVE. #112	
CITY-ST-ZIP	SUNRISE, FL. 33351	
TITLE NAME	S. MATTIE FRIEDMAN	☒ Change ☐ Addition
STREET ADDRESS	3700 N.W. 88 AVE. #204	
CITY-ST-ZIP	SUNRISE, FL. 33351	
TITLE NAME	T. RUTH RODRIGUEZ	☒ Change ☐ Addition
STREET ADDRESS	3720 N.W. 88 AVE. #337	
CITY-ST-ZIP	SUNRISE, FL. 33351	
TITLE NAME	D. EDMUNDO RODRIGUEZ	☒ Change ☐ Addition
STREET ADDRESS	5141 S.W. 14 ST.	
CITY-ST-ZIP	PLANTATION, FL. 33317	
TITLE NAME		☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #