


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 23, 2008 8:00 am**  
**Secretary of State**

07-23-2008 90016 016 \*\*\*\*61.50

<b>DOCUMENT # 753310</b> 1. Entity Name <b>SUNRISE SPRINGS CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>3712 N.W. 88TH AVE. SUNRISE, FL 33351</b>	Mailing Address <b>3712 N.W. 88TH AVE. SUNRISE, FL 33351</b>
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**DO NOT WRITE IN THIS SPACE**



07152008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2143276</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>STANLEY &amp; OTTO, P.A. 3990 SHERIDAN STREET SUITE 109 HOLLYWOOD, FL 33021</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DROZ, MILDRED 3710 NW 88TH AVE, # 320 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRIEDMAN, MATTIE 3700 N.W. 88 AVE #204 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, KIRK 3700 NW 88TH AVE #407 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HASIN, JODY 3710 NW 88TH AVE #407 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SCOTT, JUDITH 3730 NW 88 AVE #443 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: <u>Mattie Friedman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>7-16-08</u> <small>Daytime Phone #</small>
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