


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90127 027 ****61.25

DOCUMENT # 760853 1. Entity Name SUNRISE SQUARE VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4716 SUNNY LOOP HOLIDAY, FL 34690			Mailing Address 4716 SUNNY LOOP HOLIDAY, FL 34690		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02012006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2377987				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKERCHER, JUDITH A 1813 RISING SUN DR HOLIDAY, FL 34690			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORTH, WINNIE 4751 SUNNLY LOOP HOLIDAY, FL 34690 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASTIEN, BILL 4731 SUNNY LOOP HOLIDAY, FL 34690 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BETANOURT, LENNY 4702 SUNNY LOOP HOLIDAY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKERCHER, JUDITH A 1813 RISING SUN DR HOLIDAY, FL 34690 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELAINE, CHARPIN 4746 SUNNYWOOD HOLIDAY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BETANCOURT, LEO 4700 SUNNY LOOP HOLIDAY, FL 34690 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <i>Judith A. Mckercher</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-9-06 727-437-0855 <small>Date Daytime Phone #</small>		