

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90026 032 \*\*\*\*61.25

<b>DOCUMENT # 760853</b> 1. Entity Name <b>SUNRISE SQUARE VILLAS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4716 SUNNY LOOP HOLIDAY, FL 34690</b>				Mailing Address <b>4716 SUNNY LOOP HOLIDAY, FL 34690</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02122007    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2377987</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>MCKERCHER, JUDITH A 1813 RISING SUN DR HOLIDAY, FL 34690</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BASTIEN, BILL</b> <b>4731 SUNNY LOOP</b> <b>HOLIDAY, FL 34690</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b>    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BETANOURT, LENNY</b> <b>4702 SUNNY LOOP</b> <b>HOLIDAY, FL</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCKERCHER, JUDITH A</b> <b>1813 RISING SUN DR</b> <b>HOLIDAY, FL 34690</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ELAINE, CHARPIN</b> <b>4746 SUNNYWOOD</b> <b>HOLIDAY, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BETANCOURT, LEO</b> <b>4700 SUNNY LOOP</b> <b>HOLIDAY, FL 34690</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b>    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLEE, THERESE</b> <b>4706 SUNNY LOOP</b> <b>HOLIDAY, FL 34690</b>
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.					
<b>SIGNATURE:</b> <u>Judith A. Mckercher</u> <u>3-05-07</u> <u>727-937-0855</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					