

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765385

FILED
Apr 07, 2009
Secretary of State

Entity Name: SUNRISE II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1023 N FIRST STREET #13
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

8282 WESTERN WAY CIR., STE. 1101
JACKSONVILLE, FL 32256

Current Mailing Address:

P.O. BOX 1711
YULEE, FL 32041

New Mailing Address:

8282 WESTERN WAY CIR., STE. 1101
JACKSONVILLE, FL 32256

FEI Number: 59-2694555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, BARBARA M
8282 WESTERN WAY CIR STE 1101
JACKSONVILLE, FL 32256 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: V () Delete
Name: FOX, RENEE F
Address: 2280 SHEPARD ST. 601
City-St-Zip: JACKSONVILLE, FL 32211

Title: P () Delete
Name: HETZ, WALTER
Address: 10516 HAMLET TERRACE
City-St-Zip: JACKSONVILLE, FL 32211

Title: T () Delete
Name: CROUCH, JUNE
Address: 2857 CHARMONT DR.
City-St-Zip: ORLANDO, FL 32703

Title: VP () Delete
Name: WINFREY, DREW
Address: 6248 OAKDALE LANE
City-St-Zip: MACLENNY, FL 32063

Title: S () Delete
Name: BALANKY, JEANNINE M
Address: 725 OLD HICKORY RD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SMITH, GARY
Address: 1023 NO. 1ST STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D (X) Change () Addition
Name: HETZ, WALTER
Address: 10516 HAMLET TERRACE
City-St-Zip: JACKSONVILLE, FL 32211

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARBARA M. ROGERS

RA

04/07/2009

Electronic Signature of Signing Officer or Director

Date