

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90193 024 ****61.25

DOCUMENT # 766183 1. Entity Name SUNRISE FINANCIAL CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4524 GUN CLUB ROAD SUITE #212 W PALM BCH, FL 33415			Mailing Address 4524 GUN CLUB ROAD SUITE #212 W PALM BCH, FL 33415		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address 8845 N. Military Trail Suite, Apt. #, etc. Suite 100 City & State Palm Beach Gardens, FL Zip Country 33410 Palm Beach		
4. FEI Number 59-2817238			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 REICHEL, WILLIAM B 4524 GUN CLUB ROAD, SUITE 212 WEST PALM BEACH, FL 33415				7. Name and Address of New Registered Agent Name Reichel, William B Street Address (P.O. Box Number is Not Acceptable) 8845 N. Military Trail, Ste. 100 City Zip Code Palm Beach Gardens FL 33410	
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: DATE: 4/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 AJINKA, ARVIND B 4524 GUN CLUB ROAD, STE 212 WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AJINKA, ARVIND B 4524 Gun Club Road, STE 102 WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REICHEL, WILLIAM 4524 GUN CLUB RD #212 WEST PALM BCH, FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Reichel, William 8845 N. Military Trail, Ste. 100 Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERR, JAMES E 1300 N CONGRESS AVENUE WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERR, JAMES E 1300 N CONGRESS AVENUE WEST PALM BEACH, FL 33409	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BICKNELL, JOHN 4524 GUN CLUB ROAD, STE 212 WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bicknell, John 8845 N. Military Trail, Ste. 100 Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZAMBRANA, DEBRA 2430 W. OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZOBEL, ROBERT E. 2430 W. OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or without other like empowered.					
SIGNATURE:			DATE: 4/27/06 TELEPHONE: (561) 478-4440		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					