

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90156 038 ****70.00

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 8845 N. MILITARY TRAIL, STE 100 PALM BEACH GARDENS, FL 33410 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1300 NO. CONGRESS AVENUE Suite, Apt. #, etc.			
City & State _____		City & State WEST PALM BEACH, FL		4. FEI Number 59-2817238	
Zip 33409		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REICHEL, WILLIAM B 8845 N. MILITARY TRAIL, STE 100 PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name JAMES E. KERR Street Address (P.O. Box Number is Not Acceptable) 1300 NO. CONGRESS AVENUE City WEST PALM BEACH FL Zip Code 33409	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> 4/9/2007 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		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 RD. STE 102 WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AJINKA, ARVIND B. 4524 GUN CLUB ROAD, SUITE 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 8845 GUN N. MILITARY TRAIL, STE 100 PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP. WEINBERG, MICHAEL 2430 WEST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Change <input checked="" 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	DST KERR, JAMES E. 1300 NO. CONGRESS AVENUE WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENDAHL, ROHARD 4524 GUN CLUB ROAD, SUITE 103 WEST PALM BEACH, FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZOBEL, ROBERT E 2430 W. OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMMANDER, JONATHAN 4524 GUN CLUB ROAD, SUITE 105 WEST PALM BEACH, FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<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 all other like empowered.					
SIGNATURE: _____ Sec. Dir. 4/9/2007 (561) 689-9269 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

JAMES E. KERR