


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

| | | |
|--|---|---|
| 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 1300 NO. CONGRESS AVENUE WEST PALM BEACH, FL 33409 US | |



04092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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|--|--|
| 4. FEI Number 59-2817238 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**KERR, JAMES E
1300 NO. CONGRESS AVENUE
WEST PALM BEACH, FL 33409**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP AJINKA, ARVIND B 4524 GUN CLUB RD. STE 102 WEST PALM BEACH, FL 33415 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP WEINBERG, MICHAEL 2430 WEST DAKLAND PARK BLVD FORT LAUDERDALE, FL 33311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT KERR, JAMES E 1300 N CONGRESS AVENUE WEST PALM BEACH, FL 33409 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROSENDAHL, ROLAND 4524 GUN CLUB ROAD, SUITE 103 WEST PALM BEACH, FL 33415 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COMMANDER, JONATHAN 4524 GUN CLUB ROAD, SUITE 105 WEST PALM BEACH, FL 33415 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000893012
04/23/08-80088-012 70.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/2008 (561) 689-9269
Date Daytime Phone #