

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90029 045 ****70.00

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1. Entity Name
**SUNRISE MANOR SOUTH HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**10923 NW 29TH PLACE
SUNRISE, FL 33322**

Mailing Address
**10923 NW 29TH PLACE
SUNRISE, FL 33322**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01272005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2513446

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKALAR, BROUGH & CHADROW, P.A.
WESTSIDE CORPORATE CENTER
150 S. PINE ISLAND ROAD, SUITE 540
PLANTATION, FL 33324**

**Bakalar & Eichner, P.A.
Westside Corporate Center
150 South Pine Island Road, Suite 540
Plantation, FL 33324**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **VIOLA, ROBERT J**
STREET ADDRESS **2979 NW 110TH AVENUE**
CITY-ST-ZIP **SUNRISE, FL**

TITLE **VD** ☐ Delete
NAME **SCHNEIDERMAN, DON**
STREET ADDRESS **10919 NW 29 COURT**
CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE **TSD** ☐ Delete
NAME **DOLAN, SUSAN**
STREET ADDRESS **2972 NW 110 AVENUE**
CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Robert J. Viola **Robert J. Viola** 954-572-7105