## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#766484**

FILED Jan 03, 2007 Secretary of State

Entity Name: SUNRISE MANOR SOUTH HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 10923 NW 29TH PLACE SUNRISE, FL 33322 **Current Mailing Address: New Mailing Address:** 10923 NW 29TH PLACE SUNRISE, FL 33322 FEI Number: 59-2513446 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAKALAR & EICHNER, P.A WESTSIDE CORPORATE CENTER 150 S. PINE ISLAND ROAD, SUITE 540 PLANTATION, FL 33324 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete VIOLA, ROBERT J Name: Name: 2979 NW 110TH AVENUE Address: Address: SUNRISE, FL 33322 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition SCHNEIDERMAN, DON Name: Name: Address: 10919 NW 29 COURT Address: City-St-Zip: SUNRISE, FL 33322 City-St-Zip: Title: TSD () Delete Title: (X) Change ( ) Addition DOLAN, SUSAN DOLAN, SUSAN Name: Name: 2972 NW 110 AVENUE 2972 NW 110 AVENUE Address: Address: City-St-Zip: SUNRISE, FL 33322 City-St-Zip: SUNRISE, FL 33322 Title: () Delete Title: SD ( ) Change (X) Addition Name: Name: WEIDENHOLZ, JUDITH 2950 NW 109 TERR Address: Address: City-St-Zip: City-St-Zip: SUNRISE, FL 33322 Title: () Delete Title: ( ) Change (X) Addition LENOFF, WAYNE Name: Name: 10920 NW 29 CT. Address: Address: SUNRISE, FL 33322 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT J. VIOLA PD 01/03/2007