2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 766484

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

Current Principal Place of Business:

10923 NW 29TH PLACE
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

10923 NW 29TH PLACE
SUNRISE, FL 33322

New Mailing Address:

FEI Number: 59-2513446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BAKALAR & EICHNER, P.A.
WESTSIDE CORPORATE CENTER
150 S. PINE ISLAND ROAD, SUITE 540
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title:	PD	( ) Delete
Name:	VIOLA, ROBERT J	
Address:	2979 NW 110TH AVENUE	
City-St-Zip:	SUNRISE, FL 33322	
Title:	VD	( ) Delete
Name:	SCHNEIDERMAN, DON	
Address:	10919 NW 29 COURT	
City-St-Zip:	SUNRISE, FL 33322	
Title:	TD	( ) Delete
Name:	DOLAN, SUSAN	
Address:	2972 NW 110 AVENUE	
City-St-Zip:	SUNRISE, FL 33322	
Title:	SD	( ) Delete
Name:	WEIDENHOLZ, JUDITH	
Address:	2950 NW 109 TERR	
City-St-Zip:	SUNRISE, FL 33322	
Title:	D	( ) Delete
Name:	LENOFF, WAYNE	
Address:	10920 NW 29 CT.	
City-St-Zip:	SUNRISE, FL 33322	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 03/20/2009

Electronic Signature of Signing Officer or Director — Date