

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J83035

FILED
Mar 10, 2009
Secretary of State

Entity Name: SUN AMERICAN BANK

Current Principal Place of Business:

9293 GLADES ROAD
BOCA RATON, FL 33434 US

New Principal Place of Business:

Current Mailing Address:

9293 GLADES ROAD
BOCA RATON, FL 33434 US

New Mailing Address:

FEI Number: 59-2688123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLS, ROBERT L
9293 GLADES ROAD
BOCA RATON, FL 33434 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FAMADAS, NELSON
Address: 1332 ASTURIA AVE.
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: MARINELLO, LEONARD F
Address: 600 NE 101 ST.
City-St-Zip: MIAMI SHORES, FL 33138

Title: D () Delete
Name: VALLE, ALBERTO
Address: 7709 W 15TH AVE
City-St-Zip: HIALEAH, FL 33014

Title: DCP () Delete
Name: GOLDEN, MICHAEL E
Address: 9293 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: PARTRIDGE, JAMES
Address: 3929 GRANADA BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: PERRONE, STEPHEN L
Address: 971 LONG MEADOW LANE
City-St-Zip: MELBOURNE, FL 32940

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT NICHOLS

CFO

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date