

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90035 010 ****61.25

DOCUMENT # N01000008229 1. Entity Name ENTRADA AT SUNRISE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323			Mailing Address 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1155779	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KATZMAN & KORR, P.A. 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$81.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete RITCHIE, MARILYN 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete FERDON, CHARLES 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete ROLLE, BERNICE 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
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					
Date					
Daytime Phone #					