2006 NOT FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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

DOCUMENT # N0100008229 1. Entity Name ENTRADA AT SUNRISE HOMEOWNERS' ASSOCIATION INC.								02-02-2006 (90035 010) ****61.:	25
Principal Place of Business 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 Mailing Address 1145 SAWGRASS CORPO SUNRISE, FL 33323					RATE PARKY	iay	, 1 12611191 \$ 1	dasas fi eli ad iri ad sh a	ızın azın salsı et	11 2 11 (1211 (1211	
2. Principal f	Place of Busin	ness	3. Mailing Addre	; 955	r						
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Suite, Apt	.#, etc.	()	Suite, Apt. #	, etc.	i		01052006	Chg-NP	CR2E03	7 (11/05)	
City & State		City & State	City & State			4. FEI Numbe 65-115			_ 	oplied For ot Applicable	
Zip		Country	Zip		Country		:	of Status Desired		\$8.75 Add	ditional
	6. Name	and Address of Current	Registered Agent				7. Name and	Address of New		Fee Require	ia
VAT-1444	1	i		-	Nen	18	i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
KATZMAN 1501 NW				Street Address (P.O. Box Number is Not Acceptable)							
SUITE 202 FORT LA		E, FL 33309		·							
		!			City				FL	Zip Cod	9
8. The above	nemed entit	y submits this statement for	or the purpose of cha	anging its re	egistered offic	e or register	ed agent, or bot	h, in the State of I		amiliar with,	and accept
the colliga:	tions of regis	tered agent.		1							
SIGNATURE	<u> </u>				·						
	Signature, typed	d or printed name of registered agen	t and title if applicable.	(NOTE: (Registered Agent 6	iomature required	Annihetering		DATE		
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	_	e lš \$81.25 Nay:1, 2006	Tru	ction Camp ist Fund Co	paign Financir ontribution		\$5.00 May Be Added to Fees		Make check orida Depart		
10.	Due by A		Tru RECTORS	ist Fund Co	ontribution.)g 🗆	\$5.00 May Bo		orida Depart	ment of SI	tate
10. TITLE NAME	Due by A	May,1, 2006	Tru	ist Fund Co	ontribution.)g 🗆	\$5.00 May Bo	Fle	orida Depart	ment of St	tate
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TITLE NAME STREET ADDRESS	Due by M D RITCHIE, 1145 SAV SUNRISE D FERDON,	May 1, 2006 OFFICERS AND DI MARILYN VGRASS CORP PKWY 1, FL 33323	RECTORS D	st Fund Co	11. TITLE NAME STREET ADDRE		\$5.00 May Bo	Fle	orida Depart	ment of SI	tate
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