

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

02-29-2008 90028 003 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02212008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-1155779				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required	
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 FL Zip Code		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRIS, ROBERT 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Ferdon, Charles 11429 NW 34 place Sunrise FL 33323	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERDON, CHARLES 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Timmes, Susan 11422 NW. 33 street sunrise FL 33323	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLAHAND, KEITH 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Cardone, Pamela 11302 NW. 33 street sunrise FL 33323	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Parris, Robert 11421 NW. 34 place Sunrise FL 33323	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER Allahand, Keith 11373 NW. 34 place sunrise FL 33323	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 118, 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: _____			2-27-08 9543445350		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					