2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008229

FILED Apr 16, 2009 Secretary of State

Entity Name: ENTRADA AT SUNRISE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 **Current Mailing Address: New Mailing Address:** 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 FEI Number: 65-1155779 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KATZMAN GARFINKEL, P.A. 1501 N.W. 49TH ST. SUITE 202 FT. LAUDERDALE, FL 33309 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FERDON, CHARLES Name: Name: 11429 NW 34 PLACE Address: Address: City-St-Zip: SUNRISE, FL 33323 US City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: TIMMES, SUSAN Name: PARRIS, ROBERT Address: 11422 NW 33 STREET Address: 11421 NW 34 PLACE City-St-Zip: SUNRISE, FL 33323 City-St-Zip: SUNRISE, FL 33323 Title: () Delete Title: (X) Change () Addition CARDONC, PAMELA CARDON, PAMELA Name: Name: 113 OZ NW 33 STREET 113 OZ NW 33 STREET Address: Address: City-St-Zip: SUNRISE, FL 33323 City-St-Zip: SUNRISE, FL 33323 Title: () Delete Title: () Change (X) Addition Name: Name: ALLAHAND, KEITH Address: Address: 11373 NW 34 PLACE City-St-Zip: City-St-Zip: SUNRISE, FL 33323

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: CHARLES FERDON P 04/16/2009