


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90066 024 ****61.25

DOCUMENT # N02000003837 1. Entity Name SUNNY ROSE OFFICE PARK ASSOCIATION, INC.					
Principal Place of Business 3343 N. UNIVERSITY DR. HOLLYWOOD, FL 33024			Mailing Address 5405 NW 102 AVE 223 SUNRISE, FL 33351		
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	03272007 Chg-NP CR2E037 (12/06)	
4. FEI Number 01-0731202				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STYLES, MICHAEL J 507 SE 11 COURT FT. LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name <u>Lori Ficarra</u> Street Address (P.O. Box Number is Not Acceptable) <u>3343 N. University Dr.</u> City <u>Hollywood</u> <u>FL</u> Zip Code <u>33024</u>		
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 <u>Lori Ficarra</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<u>Director</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>3/27/07</u> <small>DATE</small>
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PTD SHEEHAN, MICHAEL 3343 N. UNIVERSITY DR. HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, ALEX 5950 HAZELTINE NATIONAL DR. SUITE 630 ORLANDO, FL 32822	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FICARRA, LORI 3343 N. UNIVERSITY DR HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FICARRA, LORI 3343 N. UNIVERSITY DR HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Lori Ficarra</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>Director</u>		<u>3/27/07</u> <u>954-431-2844</u> <small>Date Daytime Phone #</small>