

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008234

FILED
May 18, 2006
Secretary of State

Entity Name: EAST SUNRISE RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

6601 NW 27 STREET
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

6601 NW 27 STREET
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 65-1161694 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KING, ERROL O
1651 NW 63 AVE
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

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:

Title: DIR () Delete
Name: KING, ERROL O
Address: 1651 NW 63 AVENUE
City-St-Zip: SUNRISE, FL 33313

Title: P () Delete
Name: SOFIELD, LARRY
Address: 6601 N W 27TH STREET
City-St-Zip: SUNRISE, FL 33313

Title: SEC () Delete
Name: HOPE, PHILLIS
Address: 6591 NW 27 STREET
City-St-Zip: SUNRISE, FL 33313

Title: VP (X) Delete
Name: ROYES, WEBSTER
Address: 2350 NW 60TH AVENUE
City-St-Zip: SUNRISE, FL 33313

Title: T () Delete
Name: FEARON, JOE
Address: 1080 DEL LAGO CIRCLE
City-St-Zip: SUNRISE, FL 33313

Title: DIR () Delete
Name: DUNCAN, DELORES
Address: 1831 NW 63 AVE
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: KING, ERROL O
Address: 1651 NW 63 AVENUE
City-St-Zip: SUNRISE, FL 33313

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LAWRENCE SOFIELD

P

05/18/2006

Electronic Signature of Signing Officer or Director

Date