

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008234

FILED  
Mar 07, 2009  
Secretary of State

Entity Name: EAST SUNRISE RESIDENTS ASSOCIATION, INC.

## Current Principal Place of Business:

6601 NW 27 STREET  
SUNRISE, FL 33313 US

## New Principal Place of Business:

6800 NW SUNSET STRIP  
SUNRISE, FL 33313 US

## Current Mailing Address:

6601 NW 27 STREET  
SUNRISE, FL 33313 US

## New Mailing Address:

1831 NW 63RD AVE  
SUNRISE, FL 33313 US

FEI Number: 65-1161694

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOFIELD, LARRY  
6601 NW 27 STREET  
SUNRISE, FL 33313 US

## Name and Address of New Registered Agent:

DUNCAN, DELORES  
1831 NW 63RD AVE  
SUNRISE, FL 33313 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: DELORES DUNCAN

03/07/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DUNCAN, DELORES  
Address: 1831 NW 63RD AVE  
City-St-Zip: SUNRISE, FL 33313 US

Title: VP (X) Change ( ) Addition  
Name: LEWIS, ANDREW  
Address: 9570 24TH PLACE  
City-St-Zip: SUNRISE, FL 33322 US

Title: T (X) Change ( ) Addition  
Name: FEARON, JOSEPH  
Address: 1080 DEL LAGO CIRCLE  
City-St-Zip: SUNRISE, FL 33313 US

Title: SEC ( ) Change (X) Addition  
Name: GUY, ENID  
Address: 1400 SUNSET STRIP  
City-St-Zip: SUNRISE, FL 33313 US

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: DELORES DUNCAN

P

03/07/2009

Electronic Signature of Signing Officer or Director

Date