

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# N02544

Entity Name: SUN RUN CONDOMINIUM II, ASSOCIATION, INC.

Current Principal Place of Business:

8360 W. OAKLAND PARK BLVD., STE 301
SUNRISE, FL 33351 US

New Principal Place of Business:

1133 S UNIVERSITY DRIVE
211
PLANTATION, FL 33324 US

Current Mailing Address:

% ALLIANCE PROPERTY SYSTEMS
P O BOX 452199
FORT LAUDERDALE, FL 333452199 US

New Mailing Address:

% ALLIANCE PROPERTY SYSTEMS
P O BOX 19439
PLANTATION, FL 33318 US

FEI Number: 59-2438064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR & EICHNER, P.A.
150 SOUTH PINE ISLAND RD., SUITE 540
PLANTATION, FL 33324 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: D () Delete
Name: BUKZAM, EDDIE
Address: 3110 NW 88 AVE., #207
City-St-Zip: SUNRISE, FL 33351

Title: DP () Delete
Name: WIENER, NATALIE
Address: 3110 NW 88TH AVE #306
City-St-Zip: SUNRISE, FL 33351

Title: DST () Delete
Name: TAYLOR, NITA
Address: 3110 NW 88 AVE. #206
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
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 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: NITA TAYLOR

DST

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date