

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000009051**

1. Entity Name  
**SUNRISE VERO BEACH HOMEOWNERS ASSOCIATION, INC**



Principal Place of Business  
**4760 N. US1  
 201  
 MELBOURNE, FL 32935**

Mailing Address  
**4760 N. US1  
 201  
 MELBOURNE, FL 32935**



03222005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **75-3159744** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GENONI, CHARLES B  
 4760 N. US1  
 201  
 MELBOURNE, FL 32935**

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
 NAME **GENONI, JOHN P JR**  
 STREET ADDRESS **4760 N. US1 SUITE 201**  
 CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE **D**  
 NAME **GENONI,**  
 STREET ADDRESS **4760 N. US1 SUITE 201**  
 CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE **D**  
 NAME **GENONI,**  
 STREET ADDRESS **4760 N. US1 SUITE 201**  
 CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

100000303123  
 04/13/05-80897-020 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *John Genoni* **3/25/05** **3212557601**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #