


61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 |
|--|--|

DO NOT WRITE IN THIS SPACE

FILED
 06 APR -6 PM 2:23
 TALLAHASSEE STATE
 OFFICE OF REVENUE
 TALLAHASSEE, FLORIDA



01112006 No Chg-NP CR2E037 (11/05)


| | |
|---|---------------------------------------|
| 4. FEI Number 75-3159744 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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:  DATE: 4/3/06

Signature of registered agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

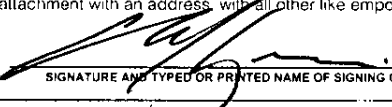
| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GENONI, JOHN P JR 4760 N. US1 SUITE 201 MELBOURNE, FL 32935 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GENONI, JOHN M 4760 N. US1 SUITE 201 MELBOURNE, FL 32935 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GENONI, CHARLES B 4760 N. US1 SUITE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

800070790258
 04/18/06--01029--008 **1383.75

JB Genoni

DO NOT WRITE IN THIS SPACE

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:  DATE: 4/3/06 DAYTIME PHONE #: 3212557601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR