


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 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
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01042007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 75-3159744	Applied For <input type="checkbox"/> 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**

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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 _____
Signature, typed 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, 2007**

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/10/07-80026-011 61.25

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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: *Charles B Genoni* 4/23/07 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #