



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90198 009 ****61.25

DOCUMENT # N04000001042 1. Entity Name 14201 SUNRISE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6363 NW 6TH WAY SUITE 400 FORT LAUDERDALE, FL			Mailing Address 6363 NW 6TH WAY SUITE 400 FORT LAUDERDALE, FL		
2. Principal Place of Business 3081 E. COMMERCIAL BLVD Suite, Apt. #, etc. #105		3. Mailing Address 3081 E COMMERCIAL BLVD Suite, Apt. #, etc. #105			
City & State FT. LAUDERDALE, FL Zip 33308		City & State FT. LAUDERDALE, FL Zip 33308		4. FEI Number 20-0715311	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MACINNES, DENNIS 6363 NW 6TH WAY SUITE 400 FORT LAUDERDALE, FL			7. Name and Address of New Registered Agent Name Mink & Mink Pnc. Street Address (P.O. Box Number is Not Acceptable) 3081 E. COMMERCIAL BLVD #105 City FT. LAUDERDALE FL Zip Code 33308		
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. D.K. SIGNATURE <u>D.K. Mink Pres -</u> <u>4-20-06</u> DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORSE, EDWARD J JR 6363 NW 6TH WAY FORT LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DR. KEVINE RUTHERFORD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACINNES, DENNIS 6363 NW 6TH WAY FORT LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CHRISTINE M. DIFIORE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHERI NEALS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MELANIE LEVINE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAY BISHOP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Christ m. D. Fine</u> <u>Christine M. DiFiore</u> <u>4/20/06</u> <u>954-693-9118</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date Daytime Phone #</small>					

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