

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000001042 1. Entity Name 14201 SUNRISE CONDOMINIUM ASSOCIATION, INC.						FILED 06 SEP 25 PM 2:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3081 E. COMMERCIAL BLVD #105 FORT LAUDERDALE, FL 33308				Mailing Address 3081 E. COMMERCIAL BLVD #105 FORT LAUDERDALE, FL 33308			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 20-0715311				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 MACINNES, DENNIS 3081 E. COMMERCIAL BLVD #105 FORT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name MINK & MINK, INC. 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. SIGNATURE MINK & MINK, INC. D. K. MINK, President x DATE 8-30-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25✓				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	P RUTHERFORD, KEVIENE DR 6363 NW 6TH WAY FORT LAUDERDALE, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300080153793 09/25/06--01068--018 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIFIORE, CHRISTINE M 6363 NW 6TH WAY FORT LAUDERDALE, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEHLS, SHERI 6363 NW 6TH WAY FORT LAUDERDALE, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, MELANIE 6363 NW 6TH WAY FORT LAUDERDALE, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, JAY 6363 NW 6TH WAY FORT LAUDERDALE, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 reports 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: Christine M. DiFio (954) 693-9118 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							