

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90145 020 \*\*\*\*61.25

**DOCUMENT # N04000001042**

1. Entity Name  
14201 SUNRISE CONDOMINIUM ASSOCIATION, INC.



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
20-0715311

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINK & MINK, INC.  
3081 E. COMMERCIAL BLVD  
#105  
FORT LAUDERDALE, FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 P ☒ Delete  
NAME RUTHERFORD, KEVIENE DR  
STREET ADDRESS 6363 NW 6TH WAY  
CITY-ST-ZIP FORT LAUDERDALE, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME DIFIORE, CHRISTINE M  
STREET ADDRESS 6363 NW 6TH WAY  
CITY-ST-ZIP FORT LAUDERDALE, FL

TITLE P ☒ Change ☐ Addition  
NAME DIFIORE, CHRISTINE  
STREET ADDRESS 14201 W. Sunrise Blvd., #201  
CITY-ST-ZIP Sunrise, Florida 33323

TITLE S ☐ Delete  
NAME NEHLS, SHERI  
STREET ADDRESS 6363 NW 6TH WAY  
CITY-ST-ZIP FORT LAUDERDALE, FL

TITLE VP ☒ Change ☐ Addition  
NAME NEHLS, SHERI  
STREET ADDRESS 14201 W. Sunrise Blvd., #104  
CITY-ST-ZIP Sunrise, Florida 33323

TITLE D ☐ Delete  
NAME LEVINE, MELANIE  
STREET ADDRESS 6363 NW 6TH WAY  
CITY-ST-ZIP FORT LAUDERDALE, FL

TITLE S ☒ Change ☐ Addition  
NAME LEVINE, MELANIE  
STREET ADDRESS 14201 W. Sunrise Blvd., #203  
CITY-ST-ZIP Sunrise, Florida 33323

TITLE D ☐ Delete  
NAME BISHOP, JAY  
STREET ADDRESS 6363 NW 6TH WAY  
CITY-ST-ZIP FORT LAUDERDALE, FL

TITLE T ☒ Change ☐ Addition  
NAME BISHOP, JAY  
STREET ADDRESS 14201 W. Sunrise Blvd., #208  
CITY-ST-ZIP Sunrise, Florida 33323

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME GRANT, MICHELE  
STREET ADDRESS 14201 W. Sunrise Blvd., #205  
CITY-ST-ZIP Sunrise, Florida 33323

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:** Christine M. DiFiore Christine M. DiFiore 3/11/07 954-693-9118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #