



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90072 048 ****61.25

DOCUMENT # N04253					
1. Entity Name SUNRISE SHORES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 165 KENTUCKY AVE P.O. BOX 335 CRYSTAL BEACH, FL 34681 US			Mailing Address 165 KENTUCKY AVE P.O. BOX 334 CRYSTAL BEACH, FL 34681 US		
2. Principal Place of Business			3. Mailing Address 165 KENTUCKY AVE		
Suite, Apt. #, etc.			Suite, Apt. #, etc. PO BOX 335		
City & State			City & State CRYSTAL BEACH, FL		
Zip	Country	Zip	Country	4. FEI Number 59-2985499	
34681	US	34681	US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACKENZIE, ALEX 165 KENTUCKY AVE./PO BOX 335 CRYSTAL BEACH, FL 34681				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	Zip Code FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005			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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONEYPENNY, DOUGLAS R		NAME	TERRY CALLAHAN	
STREET ADDRESS	103 KENTUCKY AVE./PO BOX 987		STREET ADDRESS	294 KENTUCKY AVE/PO BOX 1166	
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681		CITY-ST-ZIP	CRYSTAL BEACH, FL 34681	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESSELL, BETH		NAME	WALTER BLACKWOOD	
STREET ADDRESS	198 KENTUCKY AVE		STREET ADDRESS	239 KENTUCKY AVE/PO BOX 489	
CITY-ST-ZIP	CRYSTAL BCH, FL		CITY-ST-ZIP	CRYSTAL BEACH, FL 34681	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACKENZIE, ALEX		NAME	MARY WHEELER	
STREET ADDRESS	165 KENTUCKY AVE./PO BOX 335		STREET ADDRESS	100 KENTUCKY AVE/PO BOX 287	
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681		CITY-ST-ZIP	CRYSTAL BEACH, FL 34681	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 			4-5-2005 (m) 773-2751		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		