

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

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 335 CRYSTAL BEACH, FL 34681 US	
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent MACKENZIE, ALEX 165 KENTUCKY AVE./PO BOX 335 CRYSTAL BEACH, FL 34681		DO NOT WRITE IN THIS SPACE
9. 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)		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000452376 03/11/06-80024-009 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALLAHAN, TERRY 284 KENTUCKY AVE / P.O. BOX 1166 CRYSTAL BEACH, FL 34681	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLACKWOOD, WALTER 239 KENTUCKY AVE / P.O. BOX 489 CRYSTAL BEACH, FL 34681	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACKENZIE, ALEX 165 KENTUCKY AVE./PO BOX 335 CRYSTAL BEACH, FL 34681	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHEELER, MARY 100 KENTUCKY AVE / P.O. BOX 287 CRYSTAL BEACH, FL 34681	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>Alex Mackenzie</u> ALEX MACKENZIE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/20/2006 (727) 713-2751 Date Daytime Phone #