

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90011 001 ****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 335
CRYSTAL BEACH, FL 34681 US**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2985499

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD (CHANGE)
NAME	GALLAHAN, TERRY KEN CANDELA
STREET ADDRESS	294 KENTUCKY AVE / P.O. BOX 1100 103 KENTUCKY AVE / PO BOX 858
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681 CRYSTAL BEACH, FL 34681
TITLE	VD
NAME	BLACKWOOD, WALTER
STREET ADDRESS	239 KENTUCKY AVE / P.O. BOX 489
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681
TITLE	TD
NAME	MACKENZIE, ALEX
STREET ADDRESS	165 KENTUCKY AVE./PO BOX 335
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681
TITLE	SD
NAME	WHEELER, MARY
STREET ADDRESS	100 KENTUCKY AVE / P.O. BOX 287
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Alex Mackenzie (ALEX MACKENZIE-TD) 1-5-2008 773-2751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #