

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04253

FILED
Jan 08, 2009
Secretary of State

Entity Name: SUNRISE SHORES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

165 KENTUCKY AVE
P.O. BOX 335
CRYSTAL BEACH, FL 34681 US

New Principal Place of Business:

165 KENTUCKY AVE/ # 335
CRYSTAL BEACH, FL 34681 US

Current Mailing Address:

165 KENTUCKY AVE
P.O. BOX 335
CRYSTAL BEACH, FL 34681 US

New Mailing Address:

165 KENTUCKY AVE/# 335
CRYSTAL BEACH, FL 34681 US

FEI Number: 59-2985499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKENZIE, ALEX
165 KENTUCKY AVE./PO BOX 335
CRYSTAL BEACH, FL 34681 US

Name and Address of New Registered Agent:

MACKENZIE, ALEX
165 KENTUCKY AVE./# 335
CRYSTAL BEACH, FL 34681 US

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.

SIGNATURE: ALEX MACKENZIE

01/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CANDELA, KEN
Address: 103 KENTUCKY AVE / PO BOX 858
City-St-Zip: CRYSTAL BEACH, FL 34681 US

Title: VD () Delete
Name: BLACKWOOD, WALTER
Address: 239 KENTUCKY AVE / P.O. BOX 489
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: TD () Delete
Name: MACKENZIE, ALEX
Address: 165 KENTUCKY AVE./PO BOX 335
City-St-Zip: CRYSTAL BEACH, FL 34681 US

Title: SD () Delete
Name: WHEELER, MARY
Address: 100 KENTUCKY AVE / P.O. BOX 287
City-St-Zip: CRYSTAL BEACH, FL 34681

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX MACKENZIE

TD

01/08/2009

Electronic Signature of Signing Officer or Director

Date