


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000003783					
1. Entity Name SORRENTO LAKES AT SUNRISE POINT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1145 SAWGRASS CORP PARKWAY SUNRISE, FL 33323			Mailing Address 1145 SAWGRASS CORP PARKWAY SUNRISE, FL 33323		
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	4. FEI Number APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHIR, GUY M ESQ 1800 NE CORPORATE BLVD SUITE 102 BOCA RATON, FL 33431			Name <u>Brough, Chadrow & Levine, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1900 North Commerce Parkway</u> City <u>Weston</u> FL Zip Code <u>33326</u>		
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 <u>Scott J. Leume, Esq. for Brough, Chadrow & Levine, P.A.</u> 9/21/07 <small>Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P NAME CARRILLO, ROXANNA STREET ADDRESS 4081 N.W. 90TH AVE CITY-ST-ZIP SUNRISE, FL 33351	<input checked="" type="checkbox"/> Delete				
TITLE V NAME MC COY, ELIZABETH STREET ADDRESS 3817 N.W. 90TH AVENUE CITY-ST-ZIP SUNRISE, FL 33351	<input type="checkbox"/> Delete				
TITLE T NAME BAYER, CAROLE STREET ADDRESS 3809 N.W. 90TH AVENUE CITY-ST-ZIP SUNRISE, FL 33351	<input type="checkbox"/> Delete				
TITLE S NAME DUFFY, ANGELICA STREET ADDRESS 3856 N.W. 90TH AVENUE CITY-ST-ZIP SUNRISE, FL 33351	<input type="checkbox"/> Delete				
TITLE D NAME PACHELLI, MICHAEL STREET ADDRESS 3868 N.W. 90TH AVENUE CITY-ST-ZIP SUNRISE, FL 33351	<input type="checkbox"/> Delete				
TITLE D NAME AUBE, RICHARD STREET ADDRESS 3808 N.W. 90TH AVENUE CITY-ST-ZIP SUNRISE, FL 33351	<input checked="" type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		TITLE <u>P</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <u>Medina, Sandra</u> STREET ADDRESS <u>4013 Nw 90th ave</u> CITY-ST-ZIP <u>Sunrise FL 33351</u>			
TITLE <u>B</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>11/16/07</u> STREET ADDRESS <u>100112385721</u> CITY-ST-ZIP <u>11/16/07--01049--018 **61.25</u>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <u>100112385721</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>11/16/07--01049--018 **61.25</u> STREET ADDRESS <u>11/16/07--01049--018 **61.25</u> CITY-ST-ZIP <u>11/16/07--01049--018 **61.25</u>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <u>11/16/07</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>100112385721</u> STREET ADDRESS <u>11/16/07--01049--018 **61.25</u> CITY-ST-ZIP <u>11/16/07--01049--018 **61.25</u>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>Scott J. Leume, Esq.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
37 NOV -5 PM 2:00



09122007 Chg-NP CR2E037 (12/06)