2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# N05000009005

Entity Name: SUNRISE OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2050 S A1A UNIT 5
JUPITER, FL 33477

New Principal Place of Business:

3801 PGA BLVD.
SUITE # 901
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

2050 S A1A UNIT 5
JUPITER, FL 33477

New Mailing Address:

3801 PGA BLVD.
SUITE # 901
PALM BEACH GARDENS, FL 33410 US

FEI Number: 36-4349241 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHINDEL, MATTHEW
3801 PGA BLVD., STE. 901
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

SCHINDEL, MATTHEW G
3801 PGA BLVD., STE. 901
PALM BEACH GARDENS, FL 33410 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: MATTHEW G. SCHINDEL 05/03/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HOFFMANN, CAMILLE O
Address: 7 S. 251 OLESEN LANE
City-St-Zip: NAPERVILLE, IL 60540

Title: STD ( ) Delete
Name: SCHULZ, ROBERT
Address: 7 SOUTH 251 OLESEN LN
City-St-Zip: NAPERVILLE, IL 60540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VSTD (X) Change ( ) Addition
Name: SCHULZ, ROBERT W
Address: 7 SOUTH 251 OLESEN LN
City-St-Zip: NAPERVILLE, IL 60540

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: CAMILLE O. HOFFMANN P 05/03/2007
Electronic Signature of Signing Officer or Director Date