

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009005

FILED
Apr 20, 2009
Secretary of State

Entity Name: SUNRISE OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

Current 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 ()

Name and Address of Current Registered Agent:

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

New Principal Place of Business:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

SCHINDEL, MATTHEW G
3801 PGA BLVD.,
SUITE #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

04/20/2009

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: VSTD () Delete
Name: SCHULZ, ROBERT W
Address: 7 S. 251 OLESEN LANE
City-St-Zip: NAPERVILLE, IL 60540

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: HOFFMANN, CAMILLE O
Address: 7 S. 251 OLESEN LANE
City-St-Zip: NAPERVILLE, IL 60540

Title: VD (X) Change () Addition
Name: ROBINSON, RICHARD M
Address: 3801 PGA BLVD., SUITE #901
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Change (X) Addition
Name: SCHINDEL, MATTHEW G
Address: 3801 PGA BLVD., SUITE #901
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date