

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009005

FILED  
Apr 12, 2010  
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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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.,  
SUITE #901  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CAMILLE O HOFFMANN

PRES

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date