Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE

≰UNRISE OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.

KETARY OF STAT AHASSEE, FLORI

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

			607.1508, or 617.1508, Florida Statutes, th ed under the laws of the State of Florida	is
in or	der to change its registered of	ffice or register	ed agent, or both, in the State of Florida.	
1. The name o	of the corporation: Sunrise C	cean Club Co	ondominium Association, Inc.	
2. The princip	al office address: 2800 Sout	h Finley Road	Downers Grove, Illinois 60515	
3. The mailing	g address (if different):			
4. Date of inc	orporation/qualification: 8/3	1/2005	Document number: N0500009905	
	and street address of the currer partment of State:	nt registered age	ent and registered office on file with the	
	Matthew G. Schindel			
	3801 PGA Blvd., Suite	#901		
	Palm Beach Gardens, F	L 33410		
6. The name a (if changed)):	•	(if changed) and /or registered office	ר- אונ הן
	Corporation Service Co	mpany		ن ــ
	1201 Hays Street			3
	· ·	NOT acceptable)		بن ب
	Tallahassee, FL 32301			<u> </u>
The street add is changed wi	ress of its registered office a ill be identical.	nd the street ac	dress of the business office of its registere	d agent,
Such change vouthorized by	was authorized by resolution the board or the corporation	duly adopted b has been notif	y its board of directors or by an officer so lied in writing of the change.	
James Jan	hi		Tim Dineen, President	
,	ature of an officer or director)		(Printed or typed name and title)	
hereby accept further agree of my duties, de locument is be corporation here of the corporation here o	ot the appointment as registe e to comply with the provisio and I am familiar with and a eing filed merely to reflect a as been notified in writing of thon Bervice Company	red agent and a ns of all statute cept the obliga- change in the a this change.	ngree to act in this capacity, is relative to the proper and complete perf ition of my position as registered agent. C egistered office address, I hereby confirm	ormance r, if this that the
By:	The College of the Co		7/7/2011	
(5	ignature of Registered Agent)	 -	(Date)	 -
f signing on b	pehalf of arrentity			
	as its agent			
	(Typed or Printed Name)			

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)