

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

03-20-2007 90019 045 ****61.25

DOCUMENT # N05000012911 1. Entity Name TOWNHOUSES AT SUNRISE CONDOMINIUMS ASSOCIATION, INC.					
Principal Place of Business 267TH 17405 SW 26TH LANE HOMESTEAD FL 33031			Mailing Address 267TH 17405 SW 26TH LANE HOMESTEAD FL 33031		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 17405 SW 26TH LANE Suite, Apt. #, etc.			
City & State HOMESTEAD FLA		4. Fee Number 39 2002851 AP-PLIED FOR			
Zip 33031		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, WANETA 267TH 17405 SW 26TH LANE HOMESTEAD FL 33031			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17405 SW 26TH LANE City HOMESTEAD FL 33031		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE \$ \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD WHITE, WANETA M 267TH 17405 SW 26TH LANE HOMESTEAD FL 33031	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD WHITE, SUE 267TH 17405 SW 26TH LANE HOMESTEAD FL 33031	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D TICE, JAMES E 16220 SW 280TH STREET HOMESTEAD FL 33031	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Waneta White</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: _____ Daytime Phone #: _____					