


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90404 032 ****61.25

DOCUMENT # N09605 1. Entity Name SUNRISE CONDOMINIUM ASSOCIATION OF ORMOND BEACH, INC.					
Principal Place of Business 2294 OCEAN SHORE BLVD ORMOND BEACH, FL 32176			Mailing Address 2294 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2580350	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILL, JEAN 2294 OCEAN SHORE BLVD #402 ORMOND BEACH, FL 32176			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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-ST-ZIP	P MCCARRON, ESTELLE 157 SHERIDAN AVE. LONGWOOD, FL 32750	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR TOM KEENE (SEC.) 2294 Ocean Shore Blvd Unit 201.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOORD, BILLY 2294 OCEAN SHORE BLVD., 502 ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR Joe Delisle 2294 Ocean Shore Blvd O.B. 32176. Unit 306.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZYBURA, JEAN 2294 OCEAN SHORE BLVD., 304 ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS M. SMITH Unit 2294 Ocean Shore Blvd 506 O.B. 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERARD, SHARON 2294 OCEAN SHORE BLVD., 204 ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR Tom Lynch. 2294 Ocean Shore Blvd O.B. 32176.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILL, JEAN 2294 OCEAN SHORE BLVD., #402 ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4/20/08 407-339-8214 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					