2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# N11910

Entity Name: SUNRISE MANOR WEST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

MCH MANAGEMENT
PO BOX 260848
PEMBROKE PINES, FL 33028

New Principal Place of Business:

MCH MANAGEMENT
4300 NW 120 LANE
SUNRISE, FL 33323

Current Mailing Address:

MCH MANAGEMENT
PO BOX 260848
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 59-2664910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 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: PD ( ) Delete
Name: WATERS, JERRY
Address: MCH MANAGEMENT, P.O. BOX 260848
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete
Name: DEJESUS, LISETTE
Address: MCH MANAGEMENT, POB 260848
City-St-Zip: PEMBROKE PINES, FL 33026

Title: SD ( ) Delete
Name: DEJESUS, DAVID
Address: MCH MANAGEMENT P.O. BOX 260848
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JERRY WALTERS PD 01/15/2009

Electronic Signature of Signing Officer or Director — Date