

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 07, 2012
Secretary of State

DOCUMENT# N11910

Entity Name: SUNRISE MANOR WEST HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**MOODY ACCOUNTING SERVICES INC
160 S UNIVERSITY DR SUITE E
PLANTATION, FL 33324**New Principal Place of Business:****Current Mailing Address:**MOODY ACCOUNTING SERVICES INC
160 S UNIVERSITY DR SUITE E
PLANTATION, FL 33324**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:**DICKER, KRIVOK & STOLOFF, P.A.
1818 S. AUSTRALIAN AVENUE
SUITE 400
WEST PALM BEACH, FL 33409 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
Name: WALTERS, JERRY
Address: 160 S. UNIVERSITY DRIVE, STE E
City-St-Zip: PLANTATION, FL 33324 US**Title:** S/TR
Name: DEJESUS, LISETTE
Address: 160 S. UNIVERSITY DRIVE STE E
City-St-Zip: PLANTATION, FL 33324 US**Title:** VPD
Name: LEVY, RUBY
Address: 160 S. UNIVERSITY DRIVE, STE E
City-St-Zip: PLANTATION, FL 33324 US**Title:** D
Name: APLE, MARK
Address: 160 S. UNIVERSITY DRIVE, STE E
City-St-Zip: PLANTATION, FL 33324 US

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: JERRY WALTERS

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08/07/2012

Electronic Signature of Signing Officer or Director

Date