

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14069

FILED
Apr 02, 2010
Secretary of State

Entity Name: SUNRISE LANDING CONDOMINIUM ASSOCIATION OF BREVARD COUNTY, INC.

Current Principal Place of Business:

7350 N. COCOA BLVD
UNIT #105
PORT ST. JOHN, FL 32927 US

New Principal Place of Business:

Current Mailing Address:

C/O RECONCILABLE DIFFERENCES, INC
109 LONG POINT ROAD
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

FEI Number: 59-2678680 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DUGAN, MICHELLE D MANAGER
109 LONG POINT ROAD
CAPE CANAVERAL, FL 32920 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: ZIMMERMAN, CHARLES
Address: 7350 N. COCOA BLVD, #105
City-St-Zip: COCOA, FL 32927

Title: VPD
Name: MICHAELS, GLEN
Address: 7350 N. COCOA BLVD, # 105
City-St-Zip: COCOA, FL 32927

Title: TD
Name: LONG, BARBARA
Address: 7350 N. COCOA BLVD, #105
City-St-Zip: COCOA, FL 32927

Title: SD
Name: BRILEY, KAY
Address: 7350 N. COCOA BLVD, #105
City-St-Zip: COCOA, FL 32927

Title: D
Name: KOTT, CLIFFORD
Address: 7350 N. COCOA BLVD, #105
City-St-Zip: COCOA, FL 32927

Title: D
Name: MIFFLIN, SALLY
Address: 7350 N. COCOA BLVD, #105
City-St-Zip: COCOA, FL 32927

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: BARBARA LONG

TD

04/02/2010

Electronic Signature of Signing Officer or Director

_____ Date