

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90018 022 ****61.25

DOCUMENT # N27648
 1. Entity Name
SUN RUN ASSOCIATION, INC.



Principal Place of Business
**8360 W OAKLAND PARK BLVD.
 STE. 301
 FORT LAUDERDALE, FL 33351 US**

Mailing Address
**C/O ALLIANCE PROPERTY SYSTEMS
 P.O. BOX 452199
 TAMARAC, FL 33320 US**

40103123



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02122008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2195889

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VALANCY, STEVEN S
 311 SE 13 ST
 FORT LAUDERDALE, FL 33316**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees



10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CUSHMAN, CAROLYN 3120 N.W. 88TH AVENUE, APT. 307 SUNRISE, FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT EWING-SIMPSON, DONNAMEE G 3120 N.W. 88TH AVENUE, APT. 310 SUNRISE, FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP DORSAINVIL, JEAN CLAUDE 3120 NORTHWEST 88TH AVENUE #101 SUNRISE, FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WILSON, AVRIL 3120 N.W. 88 AVE #304 SUNRISE, FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALERO, LICHELE 3120 NW 88 AVE #301 SUNRISE, FL 33351	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSSO, LINDA 3120 NW 88 AVE #401 SUNRISE, FL 33351	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> 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: *X Donald Simpson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-08 **954-572-5900**
Date Daytime Phone #