2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90009 040 ****70.00

DOCUMENT # N42196

1. Entity Name
SUNRISE CAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
463 TORREY PINES PT NAPLES, FL 34113 US	463 TORREY PINES PT NAPLES, FL 34113 US

2. Principal Place

Cardinal Management Group of South Florida, Inc.
5067 Tamiami Trail East
Naples, FL 34113

Suite, Apt. #, et

City & State

Zip

Country

04162007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0252067

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOREMAN, GEORGE
463 TORREY PINES POINT
NAPLES, FL 34113

7. Name and Address of New Registered Agent

Name: Cardinal Management Group
Street Address (P.O. Box Number is Not Acceptable): 5067 Tamiami Trail East
Attn: Dana Fulker
City: Naples FL Zip Code: 34113

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: Dana M Fulker 4-16-07
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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	VPD SHEEHAN, BRIAN 269 SUNRISE CAY #3 NAPLES, FL 34114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~STD~~ SVP FARLOW, RUSSELL 269 SUNRISE CAY SUITE 2 NAPLES, FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC/VICE PRES	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GARCIA, ALBERTO 269 SUNRISE CAY SUITE 5 NAPLES, FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOREMAN, GEORGE 463 TORREY PINES PT NAPLES, FL 34113	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Alberto Garcia 4-25-07 239-774-0725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #