2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007
Secretary of State

DOCUMENT# N95000000704

Entity Name: SUNRISE RESORT ON ST. PETE BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5445 GULF BLVD
ST. PETERSBURG BEACH, FL 33706 US

New Principal Place of Business:

5445 GULF BLVD
ST. PETE BEACH, FL 33706 US

Current Mailing Address:

10681 GULF BLVD.
207
TREASURE ISLAND, FL 33706 US

New Mailing Address:

FEI Number: 59-3300556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIBERTE MANAGEMENT
10681 GULF BLVD., SUITE 207
TREASURE ISLAND, FL 33706 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: JOHN, THOMAS
Address: 53 CHARLCOMBE RISE PORTISHEAD
City-St-Zip: N. SOMERSET ENGLAND, UK B5208ND UK

Title: T ( ) Delete
Name: CAMPBELL, JOHN
Address: 277 55TH AVE
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: SD ( ) Delete
Name: CRAIG, ALLEN
Address: 2030 BAY POINTE DR
City-St-Zip: HIXSON, TN 373433189 US

Title: D ( ) Delete
Name: JENIO, JOSEPH
Address: 12258 FENTON ROAD
City-St-Zip: FENTON, MI 48430 US

Title: D ( ) Delete
Name: MONFREDO, KEN
Address: 21 ROYALSTON LANE
City-St-Zip: SOUTH SETAUKET, NY 11720 US

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:

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

Title: D (X) Change ( ) Addition
Name: GLOSSOP, DAVE
Address: 16 USHER DRIVE
City-St-Zip: BANBURY OXON ENGLAND, UK OX161AJ UK

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS JOHN PRES 02/26/2007

Electronic Signature of Signing Officer or Director — Date