


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90009 041 ****70.00

DOCUMENT # N96000005355 1. Entity Name SUNRISE CAY COMMONS ASSOCIATION, INC.			
Principal Place of Business 463 TORREY PINES PT NAPLES, FL 34113 US		Mailing Address 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		04162007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, et 		4. FEI Number 59-3412453	
City & State 		Applied For <input type="checkbox"/> Not Applicable	
Zip 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country			
6. Name and Address of Current Registered Agent FOREMAN, GEORGE 463 TORREY PINES PT 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 <i>Dana M Fulker</i>		DATE 4-16-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	NAME FOREMAN, GEORGE	TITLE PRESIDENT	NAME ALBERTO GARCIA
STREET ADDRESS 5067 TAMAMIAMI TRAIL E.	CITY-ST-ZIP NAPLES, FL 34113	STREET ADDRESS 269 SUNRISE CAY #5	CITY-ST-ZIP NAPLES, FL 34114
TITLE PD	NAME SHEEHAN, BRIAN	TITLE 	NAME
STREET ADDRESS 269 SUNRISE CAY 3	CITY-ST-ZIP NAPLES, FL 34114	STREET ADDRESS 	CITY-ST-ZIP
TITLE STD	NAME GIBERGA, OVIDIO	TITLE 	NAME
STREET ADDRESS 237 SUNRISES CAY #203	CITY-ST-ZIP NAPLES, FL 34114	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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: <i>Alberto Garcia</i>		Date 4-25-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	