

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005356

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** SUNRISE CAY II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

CARDINAL MGMT GROUP OF S.FL.,INC.  
5067 TAMIAMI TR EAST  
NAPLES, FL 34113

**New Principal Place of Business:**

**Current Mailing Address:**

CARDINAL MGMT GROUP OF S.FL.,INC.  
5067 TAMIAMI TR EAST  
NAPLES, FL 34113 US

**New Mailing Address:**

**FEI Number:** 59-3412451

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CARDINAL MANAGEMENT GROUP  
5067 TAMIAMI TR EAST  
ATTN: DANA FULKER  
NAPLES, FL 34113 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: P ( ) Delete  
Name: GIBERGA, OVIDIO  
Address: 237 SUNRISE CAY #203  
City-St-Zip: NAPLES, FL 34114

Title: VP ( ) Delete  
Name: CUSTER, CHARLES  
Address: 237 SUNRISE CAY # 103  
City-St-Zip: NAPLES, FL 34114

Title: S ( ) Delete  
Name: YAQUES, SALLY  
Address: 205 SUNRISE CAY SUITE 205  
City-St-Zip: NAPLES, FL 34114

Title: T ( ) Delete  
Name: HAGAR, WALTER  
Address: 205 SUNRISE CAY #204  
City-St-Zip: NAPLES, FL 34114

Title: V ( ) Delete  
Name: SMITH, DOUG  
Address: 221 SUNRISE CAY #101  
City-St-Zip: NAPLES, FL 34114

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

I hereby certify that the information supplied with this filing does not qualify 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: OVIDO GIBERGA

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date