

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90006 006 ****61.25

DOCUMENT # N98000001358

1. Entity Name

SUNRISE HARBOUR HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% LAW OFFICES OF HOLLAND & KNIGHT LLP
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

% LAW OFFICES OF HOLLAND & KNIGHT LLP
701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0827410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E037 (4/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
% LAW OFFICES OF HOLLAND & KNIGHT LLP
701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131

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

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

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
D
PASALODES, OMAR
100 E. SUNRISE AVE
CORAL GABLES FL 33133-7023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres.
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STEINER, LEONARD MD
6934 SUNRISE CT
CORAL GABLES FL 33133-7023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treas.
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAVIS, AIMEE
6865 SUNRISE TERRACE
CORAL GABLES FL 33133-7023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secy.
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SILVER, WILLIAM
6949 SUNRISE DRIVE
CORAL GABLES FL 33133-7023 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEINSTEIN, ANDREW H
6939 SUNRISE DRIVE
CORAL GABLES FL 33133-7023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SUGARBAKER, CATHY
6916 SUNRISE TERRACE
CORAL GABLES FL 33133-7023 ☒ 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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/13/04 305-661-5080