2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001358

City-St-Zip:

FILED Mar 14, 2006 Secretary of State

Entity Name: SUNRISE HARBOUR HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: % LAW OFFICES OF HOLLAND & KNIGHT LLP C/O A. WEINSTEIN @ HOLLAND & KNIGHT LLP 701 BRICKELL AVENUE, SUITE 3000 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131 MIAMI, FL 33131 **Current Mailing Address:** New Mailing Address: % LAW OFFICES OF HOLLAND & KNIGHT LLP C/O A. WEINSTEIN @ HOLLAND & KNIGHT LLP 701 BRICKELL AVE., SUITE 3000 701 BRICKELL AVE., SUITE 3000 MIAMI, FL 33131 MIAMI, FL 33131 FEI Number: 65-0827410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: 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 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PASALODES, OMAR Name: Name: 100 E. SUNRISE AVE Address: Address: City-St-Zip: CORAL GABLES, FL 331337023 City-St-Zip: Title: () Delete Title: () Change () Addition STEINER, LEONARD MD Name: Name: Address: 6934 SUNRISE CT Address: City-St-Zip: CORAL GABLES, FL 331337023 City-St-Zip: Title: () Delete Title: () Change () Addition DAVIS, AIMEE Name: Name: 6865 SUNRISE TERRACE Address: Address: City-St-Zip: CORAL GABLES, FL 331337023 City-St-Zip: Title: () Delete Title: () Change () Addition WEINSTEIN, ANDREW H Name: Name: Address: 6939 SUNRISE DRIVE Address: CORAL GABLES, FL 331337023

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.

City-St-Zip:

SIGNATURE: ANDREW H. WEINSTEIN D 03/14/2006