



2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 26 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001358 1. Entity Name SUNRISE HARBOUR HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O A. WEINSTEIN @ HOLLAND & KNIGHT LLP 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131			Mailing Address C/O A. WEINSTEIN @ HOLLAND & KNIGHT LLP 701 BRICKELL AVE., SUITE 3000 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 6934 SUNRISE COURT Suite, Apt. #, etc. Coral Gables FL City & State		3. Mailing Address 6934 Sunrise Ct. Suite, Apt. #, etc. Coral Gables FL City & State			
Zip 33133 Country DADE		Zip 33133 Country DADE		11162007 REIN-NP CR2E099 (1/07)	
4. FEI Number 65-0827410				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION % LAW OFFICES OF HOLLAND & KNIGHT LLP 701 BRICKELL AVE., SUITE 3000 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name LEONARD STEINER MD Street Address (P.O. Box Number is Not Acceptable) 6934 SUNRISE COURT Coral Gables 33133 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 <u><i>Leonard Steiner M.D.</i></u> 11/21/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		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	P PASALODES, OMAR <input type="checkbox"/> Delete 100 E. SUNRISE AVE CORAL GABLES, FL 331337023	TITLE 0 NAME STREET ADDRESS CITY-ST-ZIP	BEECHAM-LOPEZ, Vicki <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 131 E. SUNRISE AVE. Coral Gables, FL. 33133		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEINER, LEONARD MD <input type="checkbox"/> Delete 6934 SUNRISE CT CORAL GABLES, FL 331337023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100112576711 11/26/07--01046--018 **70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, AIMEE <input type="checkbox"/> Delete 6865 SUNRISE TERRACE CORAL GABLES, FL 331337023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete WEINSTEIN, ANDREW H 6939 SUNRISE DRIVE CORAL GABLES, FL 331337023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Leonard Steiner M.D.</i></u> 11/21/07 305-661-5050 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

11/29/07