2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2009
Secretary of State

DOCUMENT# N98000001358

Entity Name: SUNRISE HARBOUR HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6934 SUNRISE COURT
CORAL GABLES, FL 33133

New Principal Place of Business:

Current Mailing Address:

6934 SUNRISE COURT
CORAL GABLES, FL 33133

New Mailing Address:

FEI Number: 65-0827410 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STEINER, LEONARD MD
6934 SUNRISE COURT
CORAL GABLES, FL 33133 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: PASALODES, OMAR
Address: 100 E. SUNRISE AVE
City-St-Zip: CORAL GABLES, FL 331337023

Title: T ( ) Delete
Name: STEINER, LEONARD MD
Address: 6934 SUNRISE CT
City-St-Zip: CORAL GABLES, FL 331337023

Title: S ( ) Delete
Name: DAVIS, AIMEE
Address: 6865 SUNRISE TERRACE
City-St-Zip: CORAL GABLES, FL 331337023

Title: D ( ) Delete
Name: BEECHAM-LOPEZ, VICKIE
Address: 131 E. SUNRISE AVE.
City-St-Zip: CORAL GABLES, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PASALODOS, OMAR
Address: 100 E. SUNRISE AVE
City-St-Zip: CORAL GABLES, FL 331337023

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: OMAR PASALODOS MD P 07/03/2009
Electronic Signature of Signing Officer or Director — Date