

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90111 017 ***150.00

DOCUMENT # P92000009958

1. Entity Name
**SUNRISE MANAGEMENT COMPANY OF NORTH PALM
BEACH COUNTY**



Principal Place of Business

**275 TONEY PENNA DR.
STE 7
JUPITER, FL 33458 US**

Mailing Address

**275 TONEY PENNA DR.
STE 7
JUPITER, FL 33458 US**

00010000



03312006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0374158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KUNKLE, CRAIG
275 TONEY PENNA DR
STE 7
JUPITER, FL 33458**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUNKLE, CRAIG B JR 275 TONEY PENNA DR, STE 7 JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUNKLE, MARLETTE 275 TONEY PENNA DR, STE 7 JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, LORACE H 275 TONEY PENNA DR, STE 7 JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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

CRAIG KUNKLE

4-17-06

Date

561-575-7772

Daytime Phone #