

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725326

**Entity Name:** 115 SUNRISE A CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

115 SUNRISE DR  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

C/O CPM CORP.  
1801 CORAL WAY #305  
MIAMI, FL 33145

**FEI Number:** 59-2435210

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CERTIFIED PROPERTY MANAGEMENT  
1801 CORAL WAY #305  
MIAMI, FL 33145 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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           KELLOGG, JOSEPH  
Address        C/O CERTIFIED PROPERTY  
                  MANAGEMENT  
                  1801 CORAL WAY, STE. 305  
City-State-Zip: MIAMI FL 33145

Title           DIRECTOR  
Name           CHRISTIANI, ALEXANDER  
Address        C/O CERTIFIED PROPERTY  
                  MANAGEMENT  
                  1801 CORAL WAY, STE. 305  
City-State-Zip: MIAMI FL 33145

Title           DIRECTOR  
Name           KOCH, JON  
Address        C/O CERTIFIED PROPERTY  
                  MANAGEMENT  
                  1801 CORAL WAY, STE. 305  
City-State-Zip: MIAMI FL 33145

Title           DIRECTOR  
Name           SIQUEIRA, INES  
Address        C/O CERTIFIED PROPERTY  
                  MANAGEMENT  
                  1801 CORAL WAY, STE. 305  
City-State-Zip: MIAMI FL 33145

Title           DIRECTOR  
Name           SANTIN, GREGORY  
Address        C/O CERTIFIED PROPERTY  
                  MANAGEMENT  
                  1801 CORAL WAY, STE. 305  
City-State-Zip: MIAMI FL 33145

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOSEPH KELLOGG

**DIRECTOR**

**03/27/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date