# 2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 730256** 

Entity Name: SUNRISE ISLAND CONDOMINIUM ASSOCIATION I, INC.

FILED
Dec 17, 2024
Secretary of State
5655183889CC

## **Current Principal Place of Business:**

3905 N. NOB HILL ROAD

#513

SUNRISE, FL 33351

# **Current Mailing Address:**

3905 NORTH NOB HILL ROAD #513

SUNRISE, FL 33351 US

FEI Number: 59-2042109 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SALDANA, ALAN 3905 N. NOB HILL ROAD #513 SUNRISE, FL 33351 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: ALAN SALDANA 12/17/2024

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	VICE PRESIDENT	Title	SECRETARY
Name	BRENNAND, OLGA	Name	SALDANA, ALAN

Address 3905 N. NOB HILL ROAD

Address 3905 N NOB HILL ROAD APT. 104

APT 101

City-State-Zip: SUNRISE FL 33351

City-State-Zip: SUNRISE FL 33351

Title DIRECTOR

Name EILAND, MIKE

Title

Name NADELMAN, KENNETH

Address

Address 3905 N NOB HILL ROAD APT. 501

**PRESIDENT** 

APT 108

3905 N NOB HILL.RD

City-State-Zip: SUNRISE FL 33351

City-State-Zip: SUNRISE FL 33351

Title DIRECTOR Title DIRECTOR

Name CANCHAN, ANGIE Name BASHIRI, AKRAM

Address 3905 N NOB HILL RD. Address 3905 N NOB HILL RD.

APT 311 APT 309

City-State-Zip: SUNRISE FL 33351 City-State-Zip: SUNRISE FL 33351

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.