

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749376

Entity Name: SUNRISE BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

AMERICAN CONDO MANAGEMENT
4223 DEL PRADO BLVD. S
CAPE CORAL, FL 33904

Current Mailing Address:

AMERICAN CONDO MANAGEMENT
PO BOX 100399
CAPE CORAL, FL 33910 US

FEI Number: 59-2034484

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VAN DYKE, LYNNE
AMERICAN CONDO MANAGEMENT
4223 DEL PRADO BLVD. S
CAPE CORAL, FL 33904 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: LYNNE VAN DYKE

04/30/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name BROWN, WILLIAM
Address AMERICAN CONDO MANAGEMENT
PO BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title PRESIDENT
Name BURNS, TINA
Address AMERICAN CONDO MANAGEMENT
PO BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title SECRETARY
Name MURPHY, ANN MARIE
Address AMERICAN CONDO MANAGEMENT
PO BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title DIRECTOR
Name ZOELLER, STEPHEN
Address AMERICAN CONDO MANAGEMENT
PO BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title TREASURER
Name HOEFER, SANDRA
Address AMERICAN CONDO MANAGEMENT
PO BOX 100399
City-State-Zip: CAPE CORAL FL 33910

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: TINA BURNS

PRESIDENT

04/30/2025

Electronic Signature of Signing Officer/Director Detail

Date