

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009712

Entity Name: SUNRISE POINTE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2225-2245 NORTH BEACH ROAD
ENGLEWOOD, FL 34223**Current Mailing Address:**1811 ENGLEWOOD ROAD
STE 352
ENGLEWOOD, FL 34223 US**FEI Number:** 90-0470734**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCKEMMIE, LINDA J
1811 ENGLEWOOD ROAD
STE 352
ENGLEWOOD, FL 34223 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	TREASURER
Name	ALVAREZ, WILLIAM
Address	1811 ENGLEWOOD ROAD, STE 352 352
City-State-Zip:	ENGLEWOOD FL 34223

Title	PRES
Name	KALANTA, JAMES
Address	1811 ENGLEWOOD ROAD, STE 352 352
City-State-Zip:	ENGLEWOOD FL 34223

Title	SECRETARY
Name	ROBERTS, LINDA
Address	1811 ENGLEWOOD ROAD, STE 352 352
City-State-Zip:	ENGLEWOOD FL 34223

Title	ASST. SECRETARY
Name	MCKEMMIE, LINDA
Address	1811 ENGLEWOOD ROAD, STE 352
City-State-Zip:	ENGLEWOOD FL 34223

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: LINDA MCKEMMIE**MANAGER****01/24/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date