

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 706002 (3)**

1. Corporation Name

**SUNLAND APARTMENTS INC NUMBER TWO**

Principal Place of Business

Mailing Address

3851 NE 21ST AVE.  
LIGHTHOUSE POINT FL 33064  
US

3851 NE 21ST AVE  
LIGHTHOUSE PT FL 33064  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/07/1963</b>		3a. Date of Last Report <b>05/19/1995</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-1087722</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

## 9. Name and Address of Current Registered Agent

**MCKAY, WILLIAM J**  
**3850 N.E. 21 WAY #58**  
**LIGHTHOUSE POINT FL 33064**

## 10. Name and Address of New Registered Agent

81 Name **Margaret Rubin**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3850 N.E. 21st Way #58**  
83  
84 City **Lighthouse Point** FL 85 Zip Code **33064**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

\*SIGNATURE *Margaret Rubin* **MARGARET RUBIN** **3-25-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEARLES, MARY	1.2 NAME	John DeGoria
STREET ADDRESS	3850 21ST WAY	1.3 STREET ADDRESS	3860 N.E. 21st Way #42
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	1.4 CITY-ST-ZIP	Lighthouse Point, FL. 33064
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSO, MARIE	2.2 NAME	Raymond Kennedy
STREET ADDRESS	3850 N.E. 21ST WAY #58	2.3 STREET ADDRESS	3851 N.E. 21st Avenue #24
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	2.4 CITY-ST-ZIP	Lighthouse Point, FL. 33064
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEGORIA, JOHN	3.2 NAME	Margaret Rubin
STREET ADDRESS	3860 N.E. 21ST WAY #42	3.3 STREET ADDRESS	3850 N.E. 21st Way #58
CITY-ST-ZIP	LIGHTHOUSE POINT FL	3.4 CITY-ST-ZIP	Lighthouse Point, FL. 33064
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKAY, WILLIAM J	4.2 NAME	Lorraine Kempton
STREET ADDRESS	3850 N.E. 21ST WAY	4.3 STREET ADDRESS	3851 N.E. 21st Avenue #30
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	4.4 CITY-ST-ZIP	Lighthouse Point, FL. 33064
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	JOSEPH, ARHTUR	5.2 NAME	
STREET ADDRESS	3851 N.E. 21ST WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954-941-4688**

CR2E037 (12/95)