

**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

**FILED**  
96 MAY 10 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 716735 (6)

1. Corporation Name  
**THE SUNRISER CONDOMINIUM INC.**



Principal Place of Business: 5971 NORTHWEST 17TH PLACE, SUNRISE FL 33313  
Mailing Address: 5971 NORTHWEST 17TH PLACE, SUNRISE FL 33313

3. Date Incorporated or Qualified: 06/13/1969  
3a. Date of Last Report: 03/08/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 10191 W. SAMPLE Rd	59-1356571	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27 203	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28 Coral Springs FL	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
24	25	29 33065	30 Broward

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FUNG, CYNTHIA D 1001 NW 104TH AVE PLANTATION FL 33322	81 Name: JAMES CALDENAZZO 82 Street Address (P.O. Box Number is Not Acceptable): 10191 W. SAMPLE Rd 83 Suite 203 84 City: Coral Springs FL 85 Zip Code: 33065

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: *[Signature]* DATE: 4/14/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	President
NAME	HARRIOTT, BYRON	1.2 NAME	Cynthia Fung
STREET ADDRESS	1651 NW 59TH WAY	1.3 STREET ADDRESS	1001 NW 104th Ave Pl. Fl 33322
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	SECRETARY/TREASURER
NAME	SPECE, LEONIE	2.2 NAME	NEVILLE U. CHUNG
STREET ADDRESS	5017 SW 121ST TERRACE	2.3 STREET ADDRESS	7244 NW 11 ST
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP	PLANTATION FL 33313
TITLE	D	3.1 TITLE	VICE PRESIDENT
NAME	RESNICK, PHILLIP	3.2 NAME	CRAWEN SINCLAIR
STREET ADDRESS	5971 NW 17TH PL., APT. 212	3.3 STREET ADDRESS	5971 NW 17 PL FL 33313
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	DIRECTOR
NAME	CLARKE, WINSTON	4.2 NAME	DILMA SALAZAR
STREET ADDRESS	5971 NW 17TH PL., APT 112	4.3 STREET ADDRESS	5971 NW 17 PL #101 FL 33313
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	JANIER, STEVEN	5.2 NAME	
STREET ADDRESS	5971 NW 17TH PL., APT 102	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	CRISAIN, AYNEL	6.2 NAME	
STREET ADDRESS	5971 NW 17TH PL., APT 209	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	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]* DATE: 5/2/96 (954) 587 3223

CR2E037 (12/95)