

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 722195 (5)

1. Corporation Name
SUNSET ISLE MAINTENANCE ASSN. 13, INC.



Principal Place of Business Mailing Address
5975 N.W. 84TH TERR TAMARAC FL 33321 5975 N.W. 84TH TERR TAMARAC FL 33321

3. Date Incorporated or Qualified 12/03/1971 3a. Date of Last Report 02/08/1995

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-1426246 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

KAMM, ROY
5907 NW 87 AVE
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name HERBERT WAGNER
82 Street Address (P.O. Box Number is Not Acceptable) 8112 NW 59 STREET
83
84 City TAMARAC FL 85 Zip Code 33321

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 for 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 *Herbert Wagner*
Signature, typed or printed name of registered agent. Add info if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/96

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, ROBERT	
STREET ADDRESS	8111 NW 59TH COURT	
CITY-ST-ZIP	TAMARAC, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, SAM	
STREET ADDRESS	8509 NW 59TH CT	
CITY-ST-ZIP	TAMARAC, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EILBERG, JANE	
STREET ADDRESS	8409 N.W. 59TH PL	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DONAY, NAT	
STREET ADDRESS	8609 NW 59TH ST	
CITY-ST-ZIP	TAMARAC FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KAMM, ROY	
STREET ADDRESS	5907 NW 87 AVENUE	
CITY-ST-ZIP	TAMARAC, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WAGNER, HERB	
STREET ADDRESS	5112 NW 59 STREET	
CITY-ST-ZIP	TAMARAC, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	JOHN DESIDERIO	
1 3 STREET ADDRESS	8104 N.W. 59 PLACE	
1 4 CITY-ST-ZIP	TAMARAC FL 33321	
2 1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME		
6 3 STREET ADDRESS	8112 NW 59 STREET	
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: *Herbert Wagner* 1/18/96 954-726-4738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)