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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 33321-4261

3. Date Incorporated or Qualified 12/03/1971  
3a. Date of Last Report 01/29/1996

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

10. Name and Address of New Registered Agent

WAGNER, HERBERT  
8112 N W 59 STREET  
TAMARAC FL 33321

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
T	DESIDERIO, JOHN	8104 N W 59 PLACE	TAMARAC FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	SCHWARTZ, SAM	8509 NW 59TH CT	TAMARAC, FL 00000	<input checked="" type="checkbox"/> DELETE			
SD	EILBERG, JANE	8409 N.W. 59TH PL	TAMARAC FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	DONAY, NAT	8609 NW 59TH ST	TAMARAC FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
PD	WAGNER, HERB	8112 NW 59 STREET	TAMARAC, FL 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 HERB WAGNER 1/22/97 954-726-4938  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036817

CR2E037 (9/96)