

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 18 1998 8:00am
Secretary of State**

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra W. Morthahn Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 722195 (5)
1. Corporation Name
SUNSET ISLE MAINTENANCE ASSN. 13, INC.



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| Principal Place of Business 5975 N.W. 84TH TERR TAMARAC FL 33321 | Mailing Address 5975 N.W. 84TH TERR TAMARAC FL 33321 |
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|--|--|
| 3. Date Incorporated or Qualified 12/03/1971 | |
| 4. FEI Number 59-1426246 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | |
|---|--|----|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 30 |
|---|--|----|

9. Name and Address of Current Registered Agent
**WAGNER, HERBERT
8112 N W 59 STREET
TAMARAC FL 33321**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | T <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DESIDERIO, JOHN | 1.2 NAME | |
| STREET ADDRESS | 8104 N W 59 PLACE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | TAMARAC FL | 1.4 CITY - ST - ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EILBERG, JANE | 2.2 NAME | |
| STREET ADDRESS | 8409 N.W. 59TH PL | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | TAMARAC FL | 2.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DONAY, NAT | 3.2 NAME | |
| STREET ADDRESS | 8609 NW 59TH ST | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | TAMARAC FL | 3.4 CITY - ST - ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WAGNER, HERB | 4.2 NAME | |
| STREET ADDRESS | 8112 NW 59 STREET | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | TAMARAC, FL 00000 | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | V.P.D. CHARLES CALLO |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 8700 NW 59 ST |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | TAMARAC FL 33321 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | D ENRIQUE ACOSTA |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 8101 NW 59 ST |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | TAMARAC FL 33321 |

14. I 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: *John Desiderio Treasurer* 1/15/98 814-726-4738

CR2E037 (10/97)