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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 723912

(2)

SUNRISE TOWNE PREFERRED CONDOMINIUM, INC.																
Principal Place of Business					Mailing Address											
10001 W. OAKLAND PARK BLVD. STE. 300 SUNRISE FL 33351					10001 W. OAKLAND PARK BLVD. STE. 300 SUNRISE FL 33351						2 2	0.1()		D		
											3. Date Incorporated 07/19/197		Ja.	Date of Last 10/24/		
2. 21	l. Principal Place of Business				2a. Mailing Address						4. FEI Number 59-143201			- ·	Applied For Not Applicable	
Suite, Apt. #, etc.				27	Suite, Apt. #, etc.						5. Certificate of Statu			\$8.75	Additional Required	
23	City & State				City & State						6. Election Campaign Trust Fund Contrib	_		\$5.0	May Be	
	Zip	Country			Zıp Coı			Country			8. This corporation ha	as liability for		tax under s		
24 25 9. Name and Address of Curren				29						Florida Statutes XX Yes No 10. Name and Address of New Registered Agent						
·		9. Name	and Address of Cui	rent Regi	istereo Agent	Name		10. Name and Addre	ss of New R	tegistere	d Agent					
								1	INATILE							
AMORIELLO, PATRICK 10001 WEST OAKLAND PARK BLVD. SUITE 300 SUNRISE FL 33313							8	Street Add		Addres	s (P.O. Box Number is t	Not Acceptab	ole)			
								3								
								4	City		**··		F	85 Zi	p Code	
11	I. Pursuant to	o the provisi	ons of Sections 617.0	502 and 6	517.1508, Florid	la Statutes.	the above	 g-na	amed co	orporati	on submits this stateme	ent for the our	rocco of s	honoino ito e	registered office	
	or registeri	so agent, or	both, in the State of F ot the obligations of, S	iorida. Sud	on change was	authorized	by the co	rpo	ration's	board	of directors. I hereby ac	cept the app	ointment :	as registered	Lagent. Lam	
SI	GNATURE _	Planatura berad	and the same of the same		4-1-2											
12		Signature, typed	or printed name of registered a OFFICERS	·		(NO1E	Hegistered Ag	jent	signature r	required w	ten reinstating" ADDITIONS/CHAN	IGES TO OFF	DATE ICE DS AN	ND DIDECTO	DO IN 10	
TIT	LE	PD			DEL	.ETE	1.1 TITLE				7 EZZATIONES OF INTE	CILO TO OIT	IOL 110 A	Change	Addition	
NA	ME		ON, MALCOLM H	ll			1.2 NAM							[_]g-		
ST	REET ADDRESS							STREET ADDRESS								
CIT	Y-ST-ZIP							1.4 CITY - ST - ZIP								
TIT	LE	VD			DEU	.ETE	2.1 TITLE	-				· -		Change	Addition Addition	
NA	ME (REA, WILLIAM						2.2 NAME								
SII	REET ADDRESS	***************************************						2 3 STREET ADDRESS								
	Y-ST-ZIP				DELETE			2 4 CITY - ST - 7IP						<u>-</u>		
TIT	1	SD	NO THERM			E I E	3 1 TITLE							Change	Addition	
NA CT	REET ADDRESS		RO, MIRIAM				3 2 NAM									
	Y-ST-ZIP		N 28TH STREET E FL 33313				3 3 STRE									
TIT		T	L 1 L 333 13		X X DEL	ETE	3.4 CITY 4.1 TITLE		1-71P	T/	D			☐ Change	Addition	
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STI	REET ADDRESS		N 25TH PLACE				4.3 STRE	ET A	ADDRESS	55	05 Pembrok	e Boad	3			
CIT	Y-ST-71P		E FL 33313				4.4 CITY	- \$T-	- 7IP		llywood, F					
TH	LE	D			□ DE L	ETE	5.1 TITLE						<i></i>	☐ Change	Addition	
ŊA	ME		e, Rubin				5 2 NAMI	E								
ST	REET ADDRESS		W 60TH WAY				5.3 STRE	ΕTΑ	ADDRESS.							
	Y-ST-ZIP		E FL 33313		- Emps	F.C	5.4 CITY		- 7IP							
TITI		D	DAVAAONID		XX PEL	.t/t	6 1 TITLE							Change	☐ Addition	
NAI STO	ME REET ADDRESS	OR112, 5970 N	RAYMOND				6.2 NAMI		DDD540							
	Y-ST-ZIP		N 28 S1 E FL 33313				63 STRE									
	. I do hereby	certify that	the information suppli	ed with thi	is #ling is volunt	arily furnish	64 CITY red and do	V96	not ous	L	the exemption stated in	Section 119	.07(31/k) f	lorida Statut	es. I further	
	certify that I	am an office	ion indicated on this a	innual repo irnoration (or the receiver	intal annua or trueteo c	report is t	rue	and ac	curate.	and that my signature s eport as required by Ch.	hall have the	eama laa	al affact ac it	f made under - I	

SIGNATURE:

AIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR