

33-97

B-2554-C

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 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 # 723912 (2)
1. Corporation Name
SUNRISE TOWNE PREFERRED CONDOMINIUM, INC.



Principal Place of Business 10001 W. OAKLAND PARK BLVD. STE. 300 SUNRISE FL 33351	Mailing Address 10001 W. OAKLAND PARK BLVD. STE. 300 SUNRISE FL 33351-6925
--	---

3. Date Incorporated or Qualified 07/19/1972	3a. Date of Last Report 03/13/1996
---	---------------------------------------

21. Principal Place of Business 3475 HIATUS RD Suite, Apt. #, etc.	2a. Mailing Address 3475 HIATUS RD Suite, Apt. #, etc.	22. City & State SUNRISE, FL	2b. City & State SUNRISE, FL	23. Zip 33351	24. Country USA
--	--	---------------------------------	---------------------------------	------------------	--------------------

4. FEI Number 59-1432011	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
AMORIELLO, PATRICK
10001 WEST OAKLAND PARK BLVD.
SUITE 300
SUNRISE FL 33313

10. Name and Address of New Registered Agent
81 Name MALCOLM H. WALDRON, III
82 Street Address (P.O. Box Number is Not Acceptable) 1620 NW 100TH TERR
83 3475 HIATUS RD
84 City SUNRISE FL 85 Zip Code 33351

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]* (NOTE: Registered Agent signature required when reinstating) DATE 2/24/97

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	WALDRON, MALCOLM H III	
STREET ADDRESS	1620 NW 100TH TERR	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	VD	<input type="checkbox"/>
NAME	REA, WILLIAM	
STREET ADDRESS	5950 NW 28TH STREET	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	SD	<input type="checkbox"/>
NAME	NAVARRO, MIRIAM	
STREET ADDRESS	5958 NW 28TH STREET	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	TD	<input type="checkbox"/>
NAME	KEATING, JOHN	
STREET ADDRESS	5505 PEMBROKE RD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/>
NAME	MOCETE, RUBIN	
STREET ADDRESS	2698 NW 60TH WAY	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 2/24/97 DAYTIME PHONE # 0037833

CR2E037 (9/96)