

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED  
Apr 21 1998 8:00am  
Secretary of State

DOCUMENT # 723912  
1. Corporation Name  
SUNRISE TOWNE PREFERRED CONDO INC

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 7/19/72 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26 % Phoenix Management		59-1432011		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 City & State		28 Margate FL		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Zip		29 33068		30 Country		USA	
25 Country		29 33068		30 Country		USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

81 Name	Phoenix Management Services Inc		
82 Street Address (P.O. Box Number is Not Acceptable)	541 S State Road 7 Suite 12		
83			
84 City	Margate	85 State	FL
86 Zip Code	33068		

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 *Gabe Hernandez* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PD ANDREA MYERS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	5967 NW 29 ST
STREET ADDRESS		1.3 STREET ADDRESS	SUNRISE FL 33313
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SD WILLIAM HORBS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	6061 N FALLS CR DR BLDG 10 #407
STREET ADDRESS		2.3 STREET ADDRESS	LAUDERHILL FL 33319
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	JD NUREEN MARTIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	5958 NW 25 PL
STREET ADDRESS		3.3 STREET ADDRESS	SUNRISE FL 33313
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D DRU WEST JACKSON <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	5958 NW 25 CT
STREET ADDRESS		4.3 STREET ADDRESS	SUNRISE FL 33313
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	J ERNEST STYAR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	1825 S OCEAN DR # 210
STREET ADDRESS		5.3 STREET ADDRESS	HALLANDALE FL 33009
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	FD0000249602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-04/22/98--0101--027
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		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)(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: *Noreen Martin - Treasurer* 3-31-98 954-977-3777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)