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**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90162 012 \*\*\*\*61.50

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 723912**

1. Corporation Name

**SUNRISE TOWNE PREFERRED CONDOMINIUM, INC.**

Principal Place of Business

% PHOENIX MANAGEMENT  
 541 S. STATE RD. 7 #12  
 MARGATE FL 33068  
 US

Mailing Address

% PHOENIX MANAGEMENT  
 541 S. STATE RD. 7 #12  
 MARGATE FL 33068  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/19/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1432011	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

PHOENIX MANAGEMENT SERVICES INC.  
 541 S STATE RD. 7 STE. 12  
 MARGATE FL 33068

10. Name and Address of New Registered Agent

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

FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VPP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, ANDREA	1.2 NAME	JOHN DAVID KEATING
STREET ADDRESS	5967 NW 29 ST.	1.3 STREET ADDRESS	5505 Pembroke Rd
CITY-ST-ZIP	SUNRISE FL 33313	1.4 CITY-ST-ZIP	D Hollywood Fla 33021
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	STRINA GRAHAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOBBS, WILLIAM	2.2 NAME	5976 NW 25th St.
STREET ADDRESS	6061 N FALLS CR DR. BLDG. 10 #407	2.3 STREET ADDRESS	SUNRISE FL 33313
CITY-ST-ZIP	LAUDERHILL FL 33319	2.4 CITY-ST-ZIP	D
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, NOREEN	3.2 NAME	
STREET ADDRESS	5958 NW 25 PL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33313	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, DRU W	4.2 NAME	
STREET ADDRESS	5955 NW 25 CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33313	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STYAR, ERNEST	5.2 NAME	
STREET ADDRESS	1825 S OCEAN DR. #210	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	5.4 CITY-ST-ZIP	
TITLE	<del>DAVID KEATING</del> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Signature Required Date: Apr 7 1999 Daytime Phone # \_\_\_\_\_

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CR2E037 (11/98)