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Feb 17 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 # 729538 (9)

1. Corporation Name  
SPYGLASS CONDOMINIUM, INC. I



Principal Place of Business Mailing Address  
6289 W. SUNRISE BLVD., STE. 202 SUNRISE FL 33313  
6289 W. SUNRISE BLVD., STE. 202 SUNRISE FL 33313-6154

3. Date Incorporated or Qualified 05/03/1974  
3a. Date of Last Report 04/02/1996

2. Principal Place of Business 2a. Mailing Address  
21 40 Summit Prop Man 26 40 Summit Prop Man  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 P.O. Box 189013 27 P.O. Box 189013  
City, State 28 PLANTATION  
24 33318 25 USA 29 33313 30 USA  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
SUMMIT PROPERTY MANAGEMENT, INC  
6289 W. SUNRISE BLVD., STE. 202  
SUNRISE FL 33313  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
4450 W. SUNRISE BLVD  
83 C-100  
84 City PLANTATION FL 85 Zip Code 33313

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 *Gail H. Sangunett* Gail H. Sangunett, V.P. - Administration 2/7/97  
(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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUDOR, BERNIE	1.2 NAME	
STREET ADDRESS	9429 NE 65 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANO, JOHN	2.2 NAME	
STREET ADDRESS	6524 NW 65TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	
TITLE	SR <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALPERT, SAM	3.2 NAME	
STREET ADDRESS	6514 NW 98 TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	
TITLE	NO <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DISCEPOLO, CIRO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISCEPOLO, CIRO	4.2 NAME	
STREET ADDRESS	6562 NW 98TH TERR	4.3 STREET ADDRESS	6562 NW 98TH TERR
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	CLAIRE BROMLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RISICATO, JEAN	5.2 NAME	
STREET ADDRESS	954 NW 65TH ST	5.3 STREET ADDRESS	9586 NW 65TH ST.
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	ITZLER, DAVE	6.2 NAME	
STREET ADDRESS	9432 NE 65 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	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: *Bernard Dubonnet* 2/12/97 (954) 792-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034786

CP2E037 (9/96)