

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$188 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$388)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 19 AM 11:37

DOCUMENT # 748910 (7)

1. Corporation Name
SUNRISE OF PALM BEACH CONDOMINIUM ASSOCIATION, I NC. 2

Principal Place of Business Mailing Address
5700 LAKE WORTH ROAD #205-A LAKE WORTH FL 33463 **5700 LAKE WORTH ROAD #205-A LAKE WORTH FL 33463**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/14/1979** 3a. Date of Last Report **03/29/1994**

4. FEI Number **59-2372309** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 5700 LAKE WORTH ROAD 26 5700 LAKE WORTH ROAD

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 305 B 27 305 B

City & State City & State
23 LAKE WORTH FL 28 LAKE WORTH FL

Zip Country Zip Country
24 33463 25 USA 29 33463 30 USA

9. Name and Address of Current Registered Agent
**AMORIELLO, PATRICK
 -% GOLD COAST PROPERTY MANAGEMENT
 10001 W. OAKLAND PARK BLVD.
 SUNRISE FL 33351**

10. Name and Address of New Registered Agent
**B1 Name ARTHUR E. ZISSEN c/o INDEPENDENT PROP. MGMT.
 B2 Street Address (P.O. Box Number is Not Acceptable) 5700 LAKE WORTH ROAD #305 B
 B3
 B4 City LAKE WORTH FL B5 Zip Code 33463**

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 *Arthur E. Zissen* DATE **6/6/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GEIER, MARTIN
STREET ADDRESS	4920 LUCERNE LAKES BLVD #106
CITY - ST - ZIP	LAKE WORTH FL
TITLE	VD
NAME	COOPER, CHRISTINE
STREET ADDRESS	7706 TAHITI LANE, #201
CITY - ST - ZIP	LAKE WORTH FL
TITLE	TD
NAME	MANNING, HERBERT
STREET ADDRESS	7889 TAHITI LANE #105
CITY - ST - ZIP	LAKE WORTH FL
TITLE	SD
NAME	SAPOZNIK, AL
STREET ADDRESS	7706 TAHITI LANE #203
CITY - ST - ZIP	LAKE WORTH FL
TITLE	D
NAME	NEEDLE, JOSEPH
STREET ADDRESS	7841 TAHITI LANE #103
CITY - ST - ZIP	LAKE WORTH FL
TITLE	D
NAME	RATH, KARL
STREET ADDRESS	7842 TAHITI LANE #204
CITY - ST - ZIP	LAKE WORTH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

JUN - 6 1995
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Arthur E. Zissen* DATE **6/6/95** DAYTIME PHONE **107 966 9005**

CR2E037 (3/95)