SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 19 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 # 750686 (8)

1. Corporation Name
THE CIRCLE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 24756 FT. LAUDERDALE FL 33307-4756 US	C/O BECKER MGMT. INC. P.O. BOX 24756 FT. LAUDERDALE FL 33307-4756 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1980
3a. Date of Last Report: 02/06/1996

2. Principal Place of Business	2a. Mailing Address
21 2599 NW 56 AVE	26 C/O Sundance Property Mgmt Corp.
Suite, Apt. #, etc. 22 Lauderhill,	Suite, Apt. #, etc. 27 6635 W. Comm. Blvd
City & State 23 FL.	City & State 28 Suite 115-C - TAMARAC
Zip 24 33313 Country 25 USA	Zip 29 33319 Country 30 USA

4. FEI Number: 59-2267868 ☐ 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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BECKER MANAGEMENT INC. % BLAIR R. BECKER 2175 N.E. 56 ST. #14 FT. LAUDERDALE FL 33308	81 Name: Sundance Property Mgmt Corp. 954 721 9044. 82 Street Address (P.O. Box Number is Not Acceptable): % Glenn Stoutt III 83 6635 W. Comm Blvd Suite 115-C 84 City: TAMARAC. FL 85 Zip Code: 33319

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: GLENN STOUTT, III — 8/8/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FRYBERGH, PHIL		1.2 NAME		
STREET ADDRESS	5440 N. ST. RD. 7, #221		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GERZINA, JACK		2.2 NAME		
STREET ADDRESS	7363 WEBORD TERR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAYNES, LUCILLE		3.2 NAME		
STREET ADDRESS	915 MIDDLE RIVER DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COHN, FRED		4.2 NAME		
STREET ADDRESS	1660 SE 21ST AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GLOVER, CHARLES		5.2 NAME		
STREET ADDRESS	1676 W. HILLSBORO BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH. FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (4/97)

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 REQUIRED — 8/8/97 — 954 733 2430