

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 763504 (8)

1. Corporation Name

SUNFLOWER MARGATE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2139 UNIVERSITY DRIVE
SUITE 240
CORAL SPRINGS FL 33071-6137

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SUITE 240
CORAL SPRINGS FL 33071-6137

3. Date Incorporated or Qualified
06/02/1982

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
65-0034273

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KESLING DONALD
2139 UNIVERSITY DRIVE
CORAL SPRINGS 33071

81 Name MORTON LEVINE
82 Street Address (P.O. Box Number is Not Acceptable)
2139 UNIVERSITY DRIVE
83
84 City CORAL SPRINGS FL 85 Zip Code 33071

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: *Morton Levine* - MORTON LEVINE, TREAS.

1/19/96

Signature typed or printed name of registered agent and title in application

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KESLING, DONALD	
STREET ADDRESS	7602 NW 18TH PLACE	
CITY-ST-ZIP	MARGATE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORTON, LEVINE	
STREET ADDRESS	7600 NW 18TH PL	
CITY-ST-ZIP	MARGATE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SILVERMAN, MELVIN	
STREET ADDRESS	7619 SUNFLOWER DR	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERNARDO, JOSEPH	
STREET ADDRESS	7621 SUNFLOWER DR	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POLICELLA, JOHN	
STREET ADDRESS	1801 NW 80TH AVE	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, STU	
STREET ADDRESS	1905 NW 80TH AVE	
CITY-ST-ZIP	MARGATE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	POLICELLA, GAIL	
1.3 STREET ADDRESS	1801 NW 80TH AVE	
1.4 CITY-ST-ZIP	MARGATE FL 33063	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LEVINE, MORTON	
2.3 STREET ADDRESS	7600 NW 18TH PL	
2.4 CITY-ST-ZIP	MARGATE FL 33063	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MANKIN, LYNN	
3.3 STREET ADDRESS	7918 NW 19TH ST.	
3.4 CITY-ST-ZIP	MARGATE FL 33063	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GUZMAN, TRACY	
4.3 STREET ADDRESS	7908 NW 19TH ST	
4.4 CITY-ST-ZIP	MARGATE FL 33063	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(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: *Morton Levine* - MORTON LEVINE, TREAS 1/19/96 954-968-0287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)