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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 763504

Corporation Name

SUNFLOWER MARGATE ASSOCIATION, INC.

Principal Place of Business
2139 UNIVERSITY DRIVE
SUITE 240
CORAL SPRINGS FL 33071-6137

2139 UNIVERSITY DRIVE SUITE 240

Mailing Address

CORAL SPRINGS FL 33071-6137

FILED Feb 27, 1999 8:00 am § Secretary of State

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						2 5-4-1							
2. Principal Pt	ace of Business	2a. Mailing Address					ncorporated or Qualifed 2/1982						
Suite, Apt. i						4. FEI Number		· i ·	App	olied For			
22		27				65-00	034273		Not	Applicable			
City & State)	City & State	_			F 0-415-	-tf Chatra Desired	×	\$8.75 A	dditional			
23	28				o. Ceruic	ate of Status Desired	,	Fee Re	guired .				
Zip	Country Zip Country				6. Election	on Campaign Financing		\$5.00	May Be				
24	25	29	30			Trust	Fund Contribution	<u></u>	Added to	Fees			
'	9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
				81 Nai	me C	s) (olivella	·					
LEVINE, M	ORTON			82 Str	eet Addres	s (P.O. Bo		able) _		-			
-	ERSITY DRIVE			82 Street Address (P.O. Box Number is Not Acceptable)									
	RINGS FL 33071			83									
00.012.01	111100 12 00011			84 City	_	· · · · · ·			es Zin C	ode -			
				84 City	Mal	6.	_e	FL	85 33	563			
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, if 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 agent the obligations of Section 517.0503, Florida Statutes.													
office or re	egistered agent, or both, in the State of	f Florida Such change was at	uthopized ida Stati	by the c	orporation'	's bloadd of	directors. I hereby accep	pt the appoin	atment as reg	istered			
	in fairmial worl, with tage of the offiger	PRAILO						1/19/0	9				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered	Agent signe	ture required w	vhen reinstating	 -	DAYE	/				
12.	OFFICERS AND		13.			ADDITI	ONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12			
TITLE	PD /	☐ DELETE	1.1 TI	Π.Ę.			,	•	Change	☐ Addition			
NAME	POLICELLA, GAIL		1.2 NA	WE			,			-			
STREET ADDRESS	1801 NW 80TH AVE.		1.3 ST	REET ADOR	ESS								
CITY-ST-ZIP	MARGATE FL		1.4 CI	TY-ST-ZIP									
TITLE	Ď	DELETE	2.1 TI	LE Trea	sover 1	محن	. Hvertas NW 19th S patc, fl 3301	T	Change	Addition			
NAME	JEFF KATZ	•	2.2 NA	ME	-	1974	Alia igti	>+					
STREET ADDRESS	7604 N.W. 18 PL.		2.3 ST	REETADOR	ESS ,	^ 10-i	L 4 330	آمُ					
CITY-ST-ZIP	MARGATE FL		2.4 C	TY-ST-ZIP			parte, Tr 330						
TITLE	D	☐ DELETE	3.1 Tr	RΕ		-	-	V	Change	- 🔲 Addition			
NAME	GUZMAN, TRACY		3.2 NA	WE				•					
STREET ADDRESS	7908 NW 19TH ST.		3.3 \$1	REET ADDR	ESS								
CITY-ST-ZIP	MARGATE FL		3.4. C	TY-ST-ZIP			•						
TITLE	D	☐ DELETE	4.1 TI	TLE .			· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition			
NAME	POLICELLA, JOHN		4. 2 N	AME	1		,						
STREET ADDRESS	1801 NW 80TH AVE		4.3 ST	REET ADOR	ESS								
CITY-ST-ZIP	MARGATE FL		4.4 CI	TY-ST-ZIP	1			•					
TITLE	D	☐ DELETE	5.1 TT	ΠLE					Change	☐ Addition			
NAME	FRANK SANDIDPE		5.2 NA	ME	Fr	ank	Sandidge						
STREET ADDRESS	7808 SUNFLOWER DR.		5.3 ST	REET ADDR	ESS		9						
CITY-ST-ZIP	MARGATE FL		5.4 CI	TY-ST-ZIP		· .	<u> </u>		<u> </u>				
TITLE		☐ DELETE	6.1 TI	TLE		recto f			Change	Addition			
NAME			6.2 N	ME			W: Water			ł			
STREET ADDRESS			6.3 \$1	REET ADDR	ess 79	800 X	JW 12th Plac	i)			
CITY-ST-ZIP			6.4 C	TY-ST-ZIP	m	arce	te ft 330	63					
On O LII						1)00	7/0/07 51-1- 04-4-4-	I further cor	176 . Al A Al 1.	. farmation			

I hereby certify that the information supplied with this fling does not indicated on this annual report or supplemental angual report is true officer or director of the corporation or the receiver or trusted empoy Block 12 or Block 13 if changed, or on an attackment with an address. motion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an ip's report as required by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE: