FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(9)

SUNRISE HARBOR CONDOMINIUM ASSOCIATION, INC.

l						1
Principal Place of Business Mailing Address						- I HARIY KORIO DIYAF HAKK EDIDI IDIID MAK DIDIK DIDIK ENDIF EKDIF BARIK DIDIK BADIK
	230 SUNRISE AVENUE 230 SUNRISE AVENUE					3. Date Incorporated or Qualified
LANTANA FL 33462 LANTANA FL 33462					06/23/1983	
						4. FEI Number Applied For
						NOT APPLICABLE Not Applicable
	lace of Business	2a. Malling Address				5. Certificate of Status Desired \$8.75 Additional
21		26				Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22 City & State		27				Trust Fund Contribution Added to Fees
City & State		City & State				7. Is this nonprofit corporation a homeowners association? X Yes No
Zip	Country	Zip	····	Country		8. This corporation owes or has peld the current year intangible
24	25	29	30	. ´		Personal Property Tax due June 30. Yes X No
2.71	9. Name and Address of Curre		100	<u> </u>		10. Name and Address of New Registered Agent
		T		81	Name	
JARVINE	EN, T.J., ESO.			82	Stroot Ado	ddress (P.O. Box Number is Not Acceptable)
508 LAKE AVENUE			[**]	Olibot Aut	Julios (1.0. Dox Hullipol is Not Acceptable)	
LAKE WORTH FL 33460			63			
				84	City	85 Zip Code
				[•	FL
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florid	a Statutes, t	the above	-named cor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent. i a	m familiar with, and accept the oblig	getions of, Section 617.0	503, Florida	a Statutes	. The corpora	ration's board of directors. I frereby accept the appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered ag	onl and title if applicable. ND DIRECTORS	(NOTE: Fle		nt signature requ	equired when reinetating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD OFFICERS AF		CTORS 13.		····	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	ZUEHLKE,HEINZ	-		1.2 NAME		C Sussign C National
STREET ADDRESS	230 SUNRISE AVENUE				ADDRESS	
CITY-ST-21P		AAPP LAIA PI		1.4 CITY - ST	1	
TITLE	VD			2.1 TITLE	- 207	☐ Change ☐ Addition
NAME	PROTHRO, BROOKS	"		2.2 NAME	ŀ	
STREET ADDRESS	230 SUNRISE AVENUE			2.3 STREET	ADDRESS	
CITY-ST-ZIP	LANTANA FL	I		2. 4 CITY-S		
TITLE	TD			3.1 TITLE		☐ Change ☐ Addition
NAME	· —— • • · · · · · · · · · · · · · · · ·		3.2 NAME			
STREET ADDRESS	A C A MANAGE A CONTRACT		3.3 STREET	ADDRESS		
CITY-ST-ZIP	LANTANA FL			3.4. CITY-S	T- ZIP	
TITLE	□ DELETE 4.1		4.1 TITLE		☐ Change ☐ Addition	
NAME:			ľ	4. 2 NAME		
STREET ADDRESS				4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST	r- ZIP		
TITLE		☐ DE	ETE	5.1 TITLE		Change Addition
NAME				5.2 NAME	- 1	

14. I 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 of the receiver or tristee 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

FILED

Feb 24 1998 8:00am

Secretary of State