


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90046 027 \*\*\*\*61.25

<b>DOCUMENT # N03000010871</b>	
<b>1. Entity Name</b>	
SUN RAY MAR TOWNHOMES HOMEOWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
1946 N.E. 2ND STREET DEERFIELD BEACH FL 33441	1946 N.E. 2ND STREET DEERFIELD BEACH FL 33441

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
1220 S.E. 4th CT. Suite, Apt. #, etc.	1220 S.E. 4th CT. Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

<b>City &amp; State</b> DEERFIELD BCH. FL.	<b>City &amp; State</b> DEERFIELD BCH	<b>4. FEI Number</b> 05-0599281	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 33441	<b>Country</b> BROWARD	<b>Zip</b> 33441	<b>Country</b> BROWARD
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
GABRIEL, ALAN L KATZ BARRON SQUITERO FAUST 100 N.E. 3RD AVENUE, SUITE 280 FORT LAUDERDALE FL 33301	<b>Name</b>  <b>Street Address (P.O. Box Number is Not Acceptable)</b>  <b>City</b> FL <b>Zip Code</b>

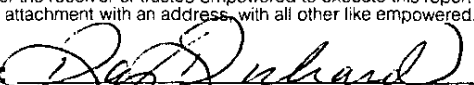
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> PTD	<b>NAME</b> RICHARD, RAYMOND <input type="checkbox"/> Delete	<b>TITLE</b> RTD	<b>NAME</b> RICHARD, RAYMOND <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1200 S.E. 4TH COURT	<b>CITY-ST-ZIP</b> DEERFIELD BEACH FL 33444	<b>STREET ADDRESS</b> 1220 S.E. 4th CT.	<b>CITY-ST-ZIP</b> DEERFIELD BCH. FL. 33441
<b>TITLE</b> VD	<b>NAME</b> GABRIEL, ALAN L <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 100 N.E. THIRD AVENUE SUITE 280	<b>CITY-ST-ZIP</b> FT. LAUDERDALE FL 33301	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> SD	<b>NAME</b> CLARK, KATHLEEN G <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 100 N.E. THIRD AVENUE SUITE 280	<b>CITY-ST-ZIP</b> FT. LAUDERDALE FL 33301	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **3-31-04** **954-520-1121**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**