

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 # N07260 (5)

1. Corporation Name

SANS SOUCI HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O PENNY SUGERMAN
2055 N.E. 120TH RD.
N. MIAMI FL 33161

C/O PENNY SUGERMAN
2055 N.E. 120TH RD.
N. MIAMI FL 33161

3. Date Incorporated or Qualified
01/23/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2055 NE 120th Road

26 2055 NE 120th Road

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

23 N. Miami, FL

28 N. Miami, FL

24 Zip 33181 25 Country Dade

29 Zip 33181 30 Country Dade

4. FEI Number

65-0049525

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

HILDEBRANDT, MARK H., P.A.
2301 COLLINS AVE., STE M-14
MIAMI BEACH FL 33139

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME PREMIER, HOWARD
STREET ADDRESS 2010 NE 120TH RD
CITY-ST-ZIP N MIAMI FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME SUGERMAN, PENNY
STREET ADDRESS 2055 NE 120TH RD
CITY-ST-ZIP N MIAMI FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BLOCH, STEVEN
STREET ADDRESS 2015 NE 120TH RD
CITY-ST-ZIP N MIAMI FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME PREMIER, ILENE
STREET ADDRESS 2010 NE 120TH RD
CITY-ST-ZIP N MIAMI FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME STONE, DAVID
STREET ADDRESS 1955 N.E. 118 RD.
CITY-ST-ZIP N MIAMI FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96 (305) 895-3550
Date Daytime Phone #

CR2E037 (12/95)