

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N20067 (7)**
1. Corporation Name
SUN VALLEY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **C/O JEROME WIENER 5580 SPRING LAKE TERRACE BOYNTON BCH FL 33437**
Mailing Address: **C/O JEROME WIENER 5580 SPRING LAKE TERRACE BOYNTON BCH FL 33437**

3. Date Incorporated or Qualified: **04/10/1987**
3a. Date of Last Report: **01/27/1995**
4. FEI Number: **59-2913606**
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

21. Principal Place of Business: **P.O. Box 3936**
22. City & State: **BOYNTON BEACH FL**
23. City & State: **BOYNTON BEACH FL**
24. Zip: **33437** Country: **US**
25. Country: **US**
26. Mailing Address: **P.O. Box 3936**
27. City & State: **BOYNTON BEACH, FL**
28. City & State: **BOYNTON BEACH, FL**
29. Zip: **33437** Country: **US**
30. Country: **US**

WIENER, JEROME
5580 SPRING LAKE TERRACE
BOYNTON BCH FL 33437

10. Name and Address of New Registered Agent
81. Name: ~~K. STUART~~ **DOMENICK MANCINI**
82. Street Address: **9375 LAUREL GREEN DRIVE**
83. City: **BOYNTON BEACH** FL 85. Zip Code: **33437**

11. Pursuant to the provisions of Sections 617.0503 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: **DOMENICK MANCINI** Date: **2/2/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	POPOLIZIO, ANITA	
STREET ADDRESS	9264 SUN POINTE DRIVE	
CITY, ST, ZIP	BOYNTON BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LEVINE, GERALD	
STREET ADDRESS	9525 MAJESTIC WAY	
CITY, ST, ZIP	BOYNTON BCH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HALPERN, LOWELL	
STREET ADDRESS	9260 LAUREL GREEN DRIVE	
CITY, ST, ZIP	BOYNTON BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WIENER, JEROME	
STREET ADDRESS	5580 SPRING LAKE TERRACE	
CITY, ST, ZIP	BOYNTON BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADAMO, ANGELO	
STREET ADDRESS	9296 SUN POINT DRIVE	
CITY, ST, ZIP	BOYNTON BCH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MANCINI, DOMINICK	
STREET ADDRESS	9375 LAUREL GREEN DRIVE	
CITY, ST, ZIP	BOYNTON BEACH FL	

13. ADDITIONAL CHANGE STATE OFFICERS AND DIRECTORS

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	K. STUART GOLDBERG	
2.3 STREET ADDRESS	4486 SUN POINTE DRIVE	
2.4 CITY, ST, ZIP	BOYNTON BEACH, FL 33437	
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	[Signature]	
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE	VICE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DWANE CLIFFORD	
4.3 STREET ADDRESS	9345 LAUREL GREEN DR.	
4.4 CITY, ST, ZIP	BOYNTON BEACH, FL 33437	
5.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOHN ADAMS	
5.3 STREET ADDRESS	9364 LAUREL GREEN DR.	
5.4 CITY, ST, ZIP	BOYNTON BEACH, FL 33437	
6.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	[Signature]	
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)(b), 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: **DOMENICK MANCINI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/2/96**

CR2E037 (12/95)