


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 05 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moftam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20067 (7)
 1. Corporation Name
SUN VALLEY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 3936 BOYNTON BEACH FL 33437 US	Mailing Address P.O. BOX 3936 BOYNTON BEACH FL 33437 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/10/1987	3a. Date of Last Report 02/07/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

4. FEI Number 59-2913606	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~MARCOLO DOMENICKI~~
 9375 LAUREL GREEN DRIVE
 BOYNTON BEACH FL 33437

ANITA POPOLIZIO
 PRESIDENT
 9264 SUN POINTE DR
 BOYNTON BCH. FLA
 33437

10. Name and Address of New Registered Agent

81 Name JEROME WIENER
82 Street Address (P.O. Box Number is Not Acceptable) 9764 LEMONWOOD WAY
83
84 City BOYNTON BEACH
85 Zip Code FL 33437

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE *Anita Popolizio*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POPOLIZIO, ANITA		1.2 NAME	
STREET ADDRESS 9264 SUN POINTE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOLDBERG, K S		2.2 NAME	
STREET ADDRESS 9486 SUN POINTE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALPERN, LOWELL		3.2 NAME	
STREET ADDRESS 9260 LAUREL GREEN DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL		3.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CLIFFORD, DWAYNE		4.2 NAME	
STREET ADDRESS 9345 LAUREL GREEN DRIVE		4.3 STREET ADDRESS 5816 SUN POINTE CIRCLE	
CITY-ST-ZIP BOYNTON BEACH FL		4.4 CITY-ST-ZIP BOYNTON BEACH FL 33437	
TITLE ST	<input type="checkbox"/> DELETE	5.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ADAMS, JOHN		5.2 NAME	
STREET ADDRESS 9369 LAUREL GREEN DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL		5.4 CITY-ST-ZIP	
TITLE P	<input checked="" type="checkbox"/> DELETE	6.1 TITLE ST SHEILA ROSEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MANCINI, DOMINICK		6.2 NAME	
STREET ADDRESS 9375 LAUREL GREEN DRIVE		6.3 STREET ADDRESS 9399 LAUREL GREEN DRIVE	
CITY-ST-ZIP BOYNTON BEACH FL		6.4 CITY-ST-ZIP BOYNTON BEACH FL 33437	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 *Anita Popolizio 9/12/97*

CR2E037 (4/97)