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**Feb 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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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3. Date Incorporated or Qualified 04/10/1987	
4. FEI Number 59-2913606	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WIENER, JEROME
9764 LEMONWOOD WAY
BOYNTON BEACH FL 33437**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME POPOLIZIO, ANITA	
STREET ADDRESS 9264 SUN POINTE DRIVE	
CITY-ST-ZIP BOYNTON BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME GOLDBERG, K S	
STREET ADDRESS 9486 SUN POINTE DRIVE	
CITY-ST-ZIP BOYNTON BEACH FL	
TITLE VP	<input type="checkbox"/> DELETE
NAME HALPERN, LOWELL	
STREET ADDRESS 9260 LAUREL GREEN DRIVE	
CITY-ST-ZIP BOYNTON BEACH FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME DRABNER, DAVID	
STREET ADDRESS 5816 SUN POINTE CIR	
CITY-ST-ZIP BOYNTON BEACH FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME ADAMS, JOHN	
STREET ADDRESS 9369 LAUREL GREEN DRIVE	
CITY-ST-ZIP BOYNTON BEACH FL	
TITLE ST	<input checked="" type="checkbox"/> DELETE
NAME ROSEN, SHEILA	
STREET ADDRESS 9399 LAUREL GREEN DR	
CITY-ST-ZIP BOYNTON BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOHN G. MORRIS
4.3 STREET ADDRESS	9487 SUN POINTE DR
4.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CYRIL P. TUCKER
5.3 STREET ADDRESS	5581 SPRING LAKE TERRACE
5.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BARBARA E. ANATO
6.3 STREET ADDRESS	6064 SUN BERRY CIRCLE
6.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437

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 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 **JOHN G. MORRIS**

CR2E037 (10/97)