

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:10

DOCUMENT # **N29347 (4)**
1. Corporation Name
SUNRISE VILLAGE CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/18/1988	3a. Date of Last Report 04/26/1994
4. FEI Number 59-3018373	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
402 HIGH POINT DR COCOA FL 32926		402 HIGH POINT DR COCOA FL 32926	
21. Principal Place of Business	26. Mailing Address		
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.		
23. City & State	28. City & State		
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent

LOVERING, LEALAND
317 RIVEREDGE BLVD
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name
Ralph W. Garvin

82 Street Address (P.O. Box Number is Not Acceptable)
7010 N. U. S. Hwy 1 #106

83
Cocoa, Florida 32927

84 City
FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE Ralph W. Garvin **Ralph W. Garvin, President** **2/28/95**
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, ROBERT K.
STREET ADDRESS	7000 N. U.S. HWY 1 #201
CITY-ST-ZIP	COCOA FL
TITLE	VD
NAME	LOPEZ, BARBARA M.
STREET ADDRESS	7010 N. U.S. HWY. 1 #201
CITY-ST-ZIP	COCOA FL
TITLE	TD
NAME	COX, DAVID R.
STREET ADDRESS	7030 N. U.S. HWY 1 #205
CITY-ST-ZIP	COCOA FL
TITLE	SD
NAME	LOVERING, LEALAND
STREET ADDRESS	317 RIVEREDGE BLVD
CITY-ST-ZIP	COCOA FL
TITLE	D
NAME	RAMOS, PAUL
STREET ADDRESS	7030 N. U.S. HWY 1 #208
CITY-ST-ZIP	COCOA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Garvin, Ralph W.	
1.3 STREET ADDRESS	7010 N. U. S. Hwy. 1 #106	
1.4 CITY-ST-ZIP	Cocoa, Florida 32927	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Green, Don	
2.3 STREET ADDRESS	7020 N. U. S. Hwy. 1 #201	
2.4 CITY-ST-ZIP	Cocoa, Florida 32927	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DeFrancesco, Mary	
3.3 STREET ADDRESS	7050 N. U. S. Hwy. 1 #103	
3.4 CITY-ST-ZIP	Cocoa, Florida 32927	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lopez, Barbara	
4.3 STREET ADDRESS	7010 N. U. S. Hwy 1 #201	
4.4 CITY-ST-ZIP	Cocoa, Florida 32927	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Battipaglia, Nick	
5.3 STREET ADDRESS	7040 N. U. S. Hwy. 1 #106	
5.4 CITY-ST-ZIP	Cocoa, Florida 32927	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 110.07(3)(a), 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: Ralph W. Garvin **Ralph W. Garvin** **2/28/95** **407-636-6745**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone #)