

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



Principal Place of Business: **402 HIGH POINT DR COCOA FL 32926**  
Mailing Address: **402 HIGH POINT DR COCOA FL 32926**

3. Date Incorporated or Qualified: **11/18/1988**  
3a. Date of Last Report: **03/13/1995**  
4. FEI Number: **59-3018373-65-0213 072** 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

2. Principal Place of Business  
21 **5340 N. Atlantic Ave** 26 **SAME**  
Suite, Apt. #, etc.:  
22 Suite, Apt. #, etc.:  
City & State: **Cocoa Beach, FL** 27 City & State:  
23 **Cocoa Beach, FL** 28  
Zip: **32931** Country: **Brevard** 29 Zip: Country: 30

9. Name and Address of Current Registered Agent  
**GARVIN, RALPH W  
7010 N. U.S. HWY 1  
SUITE 106  
COCOA FL 32927**

10. Name and Address of New Registered Agent  
81 Name: **First Real Estate Mgmt. Corp**  
82 Street Address (P.O. Box Number is Not Acceptable): **5340 N. Atlantic Ave**  
83  
84 City: **Cocoa Beach** FL 85 Zip Code: **32931**

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]* DATE: **3-13-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARVIN, RALPH E	
STREET ADDRESS	7010 N. U.S. HWY 1 #106	
CITY-ST-ZIP	COCOA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, DON	
STREET ADDRESS	7020 N. U.S. HWY 1 #201	
CITY-ST-ZIP	COCOA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DEFRANCESCO, MARY	
STREET ADDRESS	7050 N. U.S. HWY 2 #103	
CITY-ST-ZIP	COCOA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOPEZ, BARBARA	
STREET ADDRESS	7010 N. U.S. HWY 1 #201	
CITY-ST-ZIP	COCOA FL	
TITLE	<b>D Vice President</b>	<input type="checkbox"/> DELETE
NAME	BATTIPAGLIA, NICK	
STREET ADDRESS	7040 N. U.S. HWY 1 #106	
CITY-ST-ZIP	COCOA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Schlottheiss, George	
1.3 STREET ADDRESS	7020 N. Cocoa Blvd. #101	
1.4 CITY-ST-ZIP	Cocoa, FL 32927	
2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dinwiddie, George	
2.3 STREET ADDRESS	7040 US HWY 1 #CC206	
2.4 CITY-ST-ZIP	Cocoa, FL 32927	
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 type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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]* DATE: **3-13-96** 407-783-4923  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)