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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 5040 N. ATLANTIC AVENUE COCOA FL 32831 US
Mailing Address: 6040 N. ATLANTIC AVENUE COCOA BEACH FL 32091-0760 US

3. Date Incorporated or Qualified: 11/18/1988
3a. Date of Last Report: 03/20/1996

2. Principal Place of Business: 7000 N. US 1
2a. Mailing Address: P.O. Box 541194
23. City & State: PORT ST JOHN FL
28. City & State: MORRISTOWN FL
24. Zip: 32927
25. Country: BREVARD
29. Zip: 32954
30. Country: BREVARD

4. FEI Number: 65-0213042
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

9. Name and Address of Current Registered Agent
FIRST REAL ESTATE MANAGEMENT CORP
5340 NORTH ATLANTIC AVENUE
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent
81 Name: JENNIFER NOE
82 Street Address (P.O. Box Number is Not Acceptable):
83 5660 CANYON ST
84 City: COCOA 91 FL 85 Zip Code: 32924

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: *J. Noe* JENNIFER NOE (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARVIN, RALPH E	1.2 NAME	
STREET ADDRESS	7010 N. U.S. HWY 1 #106	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTHEISS, GEORGE	2.2 NAME	
STREET ADDRESS	7020 N COCOA BLVD #101	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINWIDDLE, GEORGE	3.2 NAME	
STREET ADDRESS	7040 US HWY 1 #CC206	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, BARBARA	4.2 NAME	
STREET ADDRESS	7010 N. U.S. HWY 1 #201	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTIPAGLIA, NICK	5.2 NAME	
STREET ADDRESS	7040 N. U.S. HWY 1 #106	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 as an attachment with an address.

SIGNATURE: *George Dinwiddle* 2/10/97 407 631 3861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0019205

CP2E037 (9/96)