

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 26 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N29347 (4)**  
 1. Corporation Name  
**SUNRISE VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US	Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US
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3. Date Incorporated or Qualified <b>11/18/1988</b>
4. FEI Number <b>65-0213042</b>
Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip
Country 25	Country 30

6. 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 checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**HART, JAMES W JR.**  
**C/O SENTRY MANAGEMENT, INC.**  
**2180 WEST SR 434 STE 5000**  
**LONGWOOD FL 32779-5044**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GARVIN, RALPH E	1.2 NAME	LOPEZ, ANTHONY
STREET ADDRESS	7010 N. U.S. HWY 1 #106	1.3 STREET ADDRESS	7010 B US HWY 1 #201
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	COCOA FL 32937
TITLE	D	2.1 TITLE	VD
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	TD
NAME	DINWIDDLE, GEORGE	3.2 NAME	MENEGHELLI, BARRY
STREET ADDRESS	7040 US HWY 1 #CC208	3.3 STREET ADDRESS	7030 N US 1 #DD201
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	COCOA FL 32927
TITLE	SD	4.1 TITLE	D
NAME	LOPEZ, BARBARA	4.2 NAME	CAMPBELL, PAT
STREET ADDRESS	7010 N. U.S. HWY 1 #201	4.3 STREET ADDRESS	7020 N US HWY 1 #201
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	COCOA FL 32927
TITLE	VP	5.1 TITLE	D
NAME	BATTIPAGLIA, NICK	5.2 NAME	DEFRANCESCO, JOE
STREET ADDRESS	7040 N. U.S. HWY 1 #106	5.3 STREET ADDRESS	7050 N US 1 #BB103
CITY-ST-ZIP	COCOA FL	5.4 CITY-ST-ZIP	COCOA FL 32927
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Sandra B. Mortham Director 3-11-98 (401) 633-4815

CR2E037 (10/97)