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**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90241 039 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N29347**

1. Corporation Name  
**SUNRISE VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US	2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/18/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0213042
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HART, JAMES W JR. C/O SENTRY MANAGEMENT, INC. 2180 WEST SR 434 STE 5000 LONGWOOD FL 32779-5044		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, ANTHONY	1.2 NAME	
STREET ADDRESS	7010 B US HWY 1, #201	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32937	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULTHEISS, GEORGE	2.2 NAME	GARVIN, RALPH
STREET ADDRESS	7020 N COCOA BLVD #101	2.3 STREET ADDRESS	7010 N USHWY 1
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	COCOA FL
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	VP/TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENEGHELLI, BARRY	3.2 NAME	
STREET ADDRESS	7030 N US 1 #DD201	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32927	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	ED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, PAT	4.2 NAME	KEATING, ED
STREET ADDRESS	7020 N. US HWY 1, #201	4.3 STREET ADDRESS	7010 N US1 #101
CITY-ST-ZIP	COCOA FL 32927	4.4 CITY-ST-ZIP	COCOA, FL 32927
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	DE FRANCESCO, JOE	5.2 NAME	
STREET ADDRESS	7050 N US 1, #BB103	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32927	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Ralph Garvin **SIGNATURE REQUIRED** 03/04/99 407-633-6788  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)