


FILE NOW: FILING FEE IS \$61.25

FILED
May 07 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 # 1131209 1. Corporation Name SUN VALLEY EAST CONDOMINIUM ASSOCIATION INC.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country
3. Date Incorporated or Qualified		3a. Date of Last Report	
MARCH 15 1989			
4. FEI Number		Applied For	
65-0203 FOS		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
		\$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution		Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name CAMPBELL PROPERTY MGMT Co.	
		82 Street Address (P.O. Box Number is Not Acceptable) 1215 E. HILLSBORO BLVD.	
		83	
		84 City DEERFIELD BEACH FL	
		85 Zip Code 33441	
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: <u>Mitchell J. Warshawsky</u> MITCHELL J. WARSHAWSKY, TREASURER 4/25/97 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE NAME JULIE RICHMAN STREET ADDRESS 9704 SILLS DR. E #201 CITY-STATE-ZIP BOYNTON BEACH, FL 33437		1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME MARVIN LIEBEN SOHN STREET ADDRESS 9777 SILLS DRIVE E #101 CITY-STATE-ZIP BOYNTON BEACH, FL 33437	
2.1 TITLE <input type="checkbox"/> DELETE NAME SHELDON GREENE STREET ADDRESS 9916 PAVAROTTI TERRACE #104 CITY-STATE-ZIP BOYNTON BEACH, FL 33437		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	
3.1 TITLE <input type="checkbox"/> DELETE NAME BOB KATZ STREET ADDRESS 9680 SILLS DR E #104 CITY-STATE-ZIP BOYNTON BEACH, FL 33437		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE NAME MITCHELL WARSHAWSKY STREET ADDRESS 9747 PAVAROTTI TERRACE #102 CITY-STATE-ZIP BOYNTON BEACH, FL 33437		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE NAME MICKEY MILLER STREET ADDRESS 9723 PAVAROTTI TERRACE #104 CITY-STATE-ZIP BOYNTON BEACH, FL 33437		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE NAME JAMES STEPHENS STREET ADDRESS 5681 CARUSO COURT #101 CITY-STATE-ZIP BOYNTON BEACH, FL 33437		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-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 on an attachment with an address.		300002180673 -05/16/97--01005--021 ***61.25	
SIGNATURE: <u>Mitchell J. Warshawsky</u> MITCHELL J. WARSHAWSKY 4/25/97 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		738-7837 <small>Daytime Phone</small>	

CR2E037 (9/96)