

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 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 # N31209 (2)**  
1. Corporation Name  
**SUN VALLEY EAST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>1215 E. HILLBORO BLVD DEERFIELD BEACH FL 33441</b>	Mailing Address <b>1215 E. HILLBORO BLVD DEERFIELD BEACH FL 33441</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>03/15/1989</b>	4. FEI Number <b>65-0203808</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**CAMPBELL PROPERTY MGMT. CO.  
1215 E. HILLBORO BLVD  
DEERFIELD BEACH FL 33441**

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 <b>FL</b>
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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	
TITLE	P <input type="checkbox"/> DELETE
NAME	<b>RICHMAN, JULIE</b>
STREET ADDRESS	<b>9704 SILLS DR. E #201</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>
TITLE	S <input type="checkbox"/> DELETE
NAME	<b>KATZ, BOB</b>
STREET ADDRESS	<b>9880 SILL DR E #104</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	<b>GREENE, SHELLEY</b>
STREET ADDRESS	<b>9916 PAVAROTTI TERR #104</b>
CITY-ST-ZIP	<b>BOYNTON BCH FL 33437</b>
TITLE	T <input type="checkbox"/> DELETE
NAME	<b>WARSHAWSKY, MITCHELL</b>
STREET ADDRESS	<b>9747 PAVAROTTI TERRACE #102</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>MILLER, MICKEY</b>
STREET ADDRESS	<b>9723 PAVAROTTE TERRACE #104</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>STEPHENS, JAMES</b>
STREET ADDRESS	<b>5681 CARUSO COURT #101</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SANDLER, ALVIN</b>
3.3 STREET ADDRESS	<b>9692 SILLS DR E #201</b>
3.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>COHEN, JULES</b>
6.3 STREET ADDRESS	<b>9784 PAVAROTTI TERR #103</b>
6.4 CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>

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: \_\_\_\_\_

4-17-98 738-7037

CR2E037 (10/97)