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Mar 28 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 # **N96000005541 (5)**

1. Corporation Name

VILLA SONRISA FIVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10191 W SAMPLE RD SUITE 216A CORAL SPRINGS FL 33065	10191 W SAMPLE RD SUITE 216A CORAL SPRINGS FL 33065-3976

3. Date Incorporated or Qualified: 10/29/1996
3a. Date of Last Report:

2. Principal Place of Business
21 2001 W. Sample Road
Suite, Apt. #, etc.
22 Suite 320
City & State
23 Pompano Beach, FL 33064
Zip 24 33064 Country 25 Borward

2a. Mailing Address
26 2001 W. Sample Road
Suite, Apt. #, etc.
27 Suite 320
City & State
28 Pompano Beach, FL 33064
Zip 29 33064 Country 30 Broward

4. FEI Number: 65-0722657 ☐ Applied For ☐ Not Applicable

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

DANIELS, STEVEN L
301 YAMATO ROAD
SUITE 4150
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: Daniels, Steven L.
82 Street Address (P.O. Box Number is Not Acceptable): 515 N. Flagler Drive
83 Suite 600
84 City: West Palm Beach, FL 85 Zip Code: 33401

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 _____ 3/10/97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	RUDNICK, WILLIAM		1.2 NAME	Rudnick, William	
STREET ADDRESS	10191 W SAMPLE RD		1.3 STREET ADDRESS	2001 W, Sample Road	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	PD	☐ DELETE	2.1 TITLE	PD	☐ Change ☐ Addition
NAME	KLEMOW, HAROLD		2.2 NAME	Klemow, Harold	
STREET ADDRESS	10191 W SAMPLE RD		2.3 STREET ADDRESS	2001 W. Sample Road	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2.4 CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	STD	☐ DELETE	3.1 TITLE	STD	☐ Change ☐ Addition
NAME	KIMMELMAN, KURT		3.2 NAME	Kimmelman, Kurt	
STREET ADDRESS	10191 W SAMPLE RD		3.3 STREET ADDRESS	2001 W. Sample Road	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		3.4 CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

SIGNATURE: _____ William Rudnick 3/3/97 561-852-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED

0022173