## FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # N9600005541 (5)

VILLA SONRISA FIVE CONDOMINIUM ASSOCIATION, INC.

## FILED Mar 19 1998 8:00am Secretary of State

***************************************				: (181)
Principal Place of Business Me		Mailing Address		
2001 W SAMPLE ROAD		2001 W SAMPLE ROAD		3. Date Incorporated or Qualified
320 POMPANO BEACH FL 33064		320 POMPANO BEACH FL 33064		10/29/1996
US US				4. FEI Number Applied For
				65-0722657 Not Applicable
	ace of Business	2a. Mailing Address		5. Certificate of Status Desired S8.75 Additional
21 3333 Suite, Apt. (	VENTURA DR	26 5352 / PNTO Suite, Apt. #, etc.	IRA UK	Fee Required
22	*, B(C.	27 Suite, Apr. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
City & State	· · · · · · · · · · · · · · · · · · ·	City & State		7. Is this nonprofit corporation a homeowners association?
23 De LR	ay Beach, F1	28 DELRAY BC	ach, F1	Yes X No
<sup>Zip</sup> ₩ \$ \$ \ <b>£</b>	Country 25 1/1/A	20 Zip	Country so USA	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 💹 No
24 0 7 0	9. Name and Address of Curre	1==1 : 1=	<u> </u>	10. Name and Address of New Registered Agent
			81 Name	
DANIELS.	DANIELS, STEVEN L  515 N FLAGLER DRIVE  STE #600  WEST PALM BEACH FL 33401  Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. 1 hereby accept the appointment as registered agent. I am Juristic with, and accept the obligations of, Section 617.0503, Florida Statutes.  NATURE  Signature, typed or printed name of registered agent and titu if applicable  (NOTE: Registared Agent eignature required when relinatating)  DATE			
	15 N FLAGLER DRIVE TE #600  FEST PALM BEACH FL 33401  B4 City React FL 85 Zin Codes			
STE #60	0		83	
WEST PA	ILM BEACH FL 33401		B4 Cit∨	40 4 85 Zip Code
			a a	
11. Pursuant to	DANIELS, STEVEN L 515 N FLAGLER DRIVE STE #600 WEST PALM BEACH FL 33401  Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation suffmits 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, and arcept the obligations of, Section 617.0503, Florida Statutes.  SINATURE  Signature, typed or printed name of registered agent and title if applicable  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  EE			
agent. I ar	m with, and a cept the oblig	ations of Section 617.0503, Flori	da Statutes.	
SIGNATURE				378.98
12.				o required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE				P > Change Addition
NAME		<del></del>		KINSCHNER KENNETH
STREET ADDRESS			1.3 STREET ADDRESS	6576 VILLA SONRERA ORIVE #1245
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	BUCA RATON, FL 33X27
TITLE	PD	DELETE	2.1 TITLE	Change Addition
NAME	KLEMOW, HAROLD		2.2 NAME	ELRINE BICAMAN
STREET ADDRESS	2001 W SAMPLE ROAD		2.3 STREET ADDRESS	6562 WILLA SONANA OR
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP	POCA PATON, FL 3793
TITLE	STD	DELETE	3.1 TITLE	TOPALD / Dd Chance 1_ Addition
NAME	KIMMELMAN, KURT		3.2 NAME	TRENT SILVERMAN GGO VILLA GUNTISA OR
STREET ADDRESS	2001 W SAMPLE ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	- I December	3.4. CITY-ST-ZIP	100-11
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CATY-ST-ZIP TATLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME		[_] DELETE	5.2 NAME	יייייייייייייייייייייייייייייייייייייי
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME		_ perce	6.2 NAME	Li compo Li rocuto
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
9114-01-211			V-1 011 01 - CII	

1 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 supplemented 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:

| SIGNATURE AND TYPE OR PRINTED NAME OF BROWNING DEFICER ON DIRECTOR
| Date | Daving Prope | Daving Prope