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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

| ' | 1996 | DIVISION OF CC | PORATIONS | | | |
|--|---|---|---|--|---------------------------|----------------|
| חטכוו | MENT # A////A/ | c(I) | • | | | |
| 1. Corporation | MENT # N/406 | | | | | |
| SUNRISE LANDING CONDUCTION | | | | | | |
| A 53 | OCIATION OF B | | | | | |
| | | • | 7, 4 | | | |
| Principal Place | of Business | Mailing Address | | | | |
| 7350 | N. U.S. #1 | 7350 N.U.S. | ≠) | | | |
| | 105 | UNIT 105 | | | | |
| COCOA, FL 32927 COCOA, FL 3 | | | 22027 | 3. Date incorporated or Qualified | | , , |
| · · · · · · · · · · · · · · · · · · · | | ~~~/ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 03/27/1986 | | 95 | |
| 2. Principal Pi | ace of Business | 2a. Mailing Address | | 11 12 110 1100 | | Applied For |
| 11 26 | | | 59-2678680 | | Not Applicable | |
| 27 | | | Certificate of Status Desired | | Additional Required | |
| City & State | 9 | City & State | | 6. Election Campaign Financing | | O May Be |
| 23 | | 28 | | Trust Fund Contribution | <u> </u> | d to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability fo | intangible tax under s. | 199.032, |
| 24 | 25 | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | 0 | Florida Statutes | Yes 🔀 No | |
| | 9. Name and Address of Current | Registered Agent | 81 Name | 10. Name and Address of New | Registered Agent | |
| | | | Name | VILLIAM A. RA | YMOND | |
| | | | 02 00000.7 | receipte a lace por unitable a lace veccobre | ble) | |
| • | | | 83 7- | 360 NUS #1 | 9101 | |
| | | | | OCOA FL | 32 | 927 |
| • | | | 84 City | | 65 Zij | p 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. | | | | | | |
| 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, Sections 617.0503, Florida Statutes. | | | | | | |
| | | | | | | |
| SIGNATURE | WILLIAM A. KAY. Signature, typed or printed name of registered agent ar | nd title if applicable (NOTE: F | Asgistereo Agent signature re | /X OYMOND | DATE | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OF | FICERS AND DIRECTO | |
| TITLE | PD | DELETE | 1.1 TULE | | ☐ Change | Addition : |
| NAME | WILLIAM A. RA 7360 N. US+1 G | INI | 1.2 NAME | | | - |
| STREET ADDRESS | 1360 10 63 71 3 | 207 | 1.3 STREET ADDRESS | | | Į. |
| CITY-ST-ZIP | COCOA FL 329 | DELETE | 14 CITY - ST - ZIP 2 1 TITLE | | ☐ Change | Addition |
| NAME | SUZDALNIE M. N | OTARPOLL | 2.2 NAME | | Change | C Addition |
| STREET ADDRESS | 7360 NUS+1 G | 204 | 23 STREET ADDRESS | | | |
| CITY - ST - ZIP | COCOA, FL 3 | 2627 | 2 4 CiTY-ST-ZiP | | | |
| TITLE | ~ h | T ADELETE | 3 1 TITLE | | ☐ Change | Addition |
| NAME | STEVEN HENNI. 1410 NUS & 1 S | NGER | 3.2 NAME | | | _ |
| STREET ADDRESS | 1410 NUS#1 5 | 204 | 3 3 STREET ADDRESS | | | |
| CITY-ST-ZIP | COCOA, FL 32 | 927 | 34 CITY-ST-ZIP | | | |
| TITLE | LINDA B. LIS | | 4 1 TITLE | | ☐ Change | ☐ Addition |
| NAME | LINDA BELLO | ומגט או אלא גו | 4 2 NAME | | | |
| STREET ADDRESS | 7430 N 45 #1 | | 4.3 STREET ADDRESS | المسيد المن المستن يتسمل ومسي الهمي | | 1 |
| CITY-ST-ZIP | COCOA, FL 329 | 27 □DELETE | 44 CITY - ST - ZIP | <u>4000018;</u> -05/16/9601: | <u> 24194</u> | |
| TITLE | WALTER BOBKA | 1 | 5 1 TITLE | | Jとは ーーU:3U Unange | ☐ Addition |
| NAME STREET ADDRESS | 211 2 11 11 5 # 1 V | , W204 | 5 2 NAME | ***61.25 | 11 | 5-7 |
| CITY-ST-ZIP | 1460 TL 200 | | 5 3 STREET ADDRESS 5 4 City-St-Zip | | ' 'C' | Q14 |
| TITLE | 1460 N.U.S *1 COCOA, FL 329 BRIAN LLOYD 7170 N.U.S 21 | DELETE | 61 TITLE | D | ☐ Change | Addition |
| NAME | 7171 1115 31 | 2203 | 62 NAME | H. CONNIE HOOVE | R | |
| STREET ADDRESS | 1110 10.00.0 | • = - - | 63 STREET ADDRESS | H. CONNIE HOOVE 7210 NUIS 41 GI | 02 | |
| CITY-ST-ZIP | COCOA, Fr 3292; | 7 | 6 4 CITY - ST - ZIP | COC.OA, FL 32927 | • | |
| | by certify that the information supplied wi | ith this filing is voluntarily furnishe | ed and does not qual | ify for the exemption stated in Section 11 | 9.07(3)(k), Florida Statu | tes. 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:

SU.Z-AUNE M. NOTARIULE 4-26-96 639-3360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dato:

Dato: