FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748927 (1)

1. Corporation Name
SUNRISE OF PALM BEACH CONDO ASSN 1, INC.

Principal Place of Business	Mailing Address
G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD., SUITE 201 LAKE WORTH, FL 33463	G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD., SUITE 201 LAKE WORTH, FL 33463

3. Date Incorporated or Qualified: 9/4/79
3a. Date of Last Report: 4/6/95
4. FEI Number: 59- 1863953 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

Joe Gilbert
G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 201
LAKE WORTH, FL 33463

10. Name and Address of New Registered Agent

81 Name: Patti H. Ladwig, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 1645 Palm Beach Lakes Blvd.
83 Suite 640
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: _____ Patti Heidler Ladwig 4.23.96
Signature, typed 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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE			☒ Change ☐ Addition
TITLE	PD		11 TITLE		
NAME	BLAU, LOUIS		12 NAME		
STREET ADDRESS	7770 TAHITI LANE #207		13 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL		14 CITY-ST-ZIP		33467
TITLE	D	☒ DELETE	21 TITLE	D	☐ Change ☒ Addition
NAME	SIDEL, MARTIN		22 NAME	Irving Fine	
STREET ADDRESS	4700 TAHITI LANE		23 STREET ADDRESS	4760 Lucerne Lakes Blvd #406	
CITY-ST-ZIP	LAKE WORTH, FL		24 CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	VD	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	FASBERG, JACK		32 NAME		
STREET ADDRESS	7770 TAHITI LANE		33 STREET ADDRESS		#208
CITY-ST-ZIP	LAKE WORTH, FL		34 CITY-ST-ZIP		33467
TITLE	SD	☐ DELETE	41 TITLE		☒ Change ☐ Addition
NAME	LIPSIUS, SELMA		42 NAME		
STREET ADDRESS	4700 LUCERNE LAKES BLVD		43 STREET ADDRESS		#308
CITY-ST-ZIP	LAKE WORTH, FL		44 CITY-ST-ZIP		33467
TITLE	D	☐ DELETE	51 TITLE		☒ Change ☐ Addition
NAME	GLANZROCK, STANLEY		52 NAME	200001850932	
STREET ADDRESS	4700 LUCERNE LAKES BLVD		53 STREET ADDRESS	-06/04/96--01162--044	#503
CITY-ST-ZIP	LAKE WORTH, FL		54 CITY-ST-ZIP	***61.25	33467
TITLE	VT	☐ DELETE	61 TITLE	T	☒ Change ☐ Addition
NAME	GLICK, ABE		62 NAME		
STREET ADDRESS	7770 TAHITI LANE		63 STREET ADDRESS		#501
CITY-ST-ZIP	LAKE WORTH, FL		64 CITY-ST-ZIP		33467

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 4/2/96 407-641-8554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #