

**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 # 706002 (3)**

1. Corporation Name

**SUNLAND APARTMENTS INC NUMBER TWO**



Principal Place of Business

Mailing Address

3851 NE 21ST AVE.  
LIGHTHOUSE POINT FL 33064  
US

3851 NE 21ST AVE  
LIGHTHOUSE PT FL 33064  
US

3. Date Incorporated or Qualified

**08/07/1963**

3a. Date of Last Report

**05/19/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-1087722**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

**\$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

10. Name and Address of New Registered Agent

**MCKAY, WILLIAM J**  
**3850 N.E. 21 WAY #58**  
**LIGHTHOUSE POINT FL 33064**

81 Name

**Margaret Rubin**

82 Street Address (P.O. Box Number is Not Acceptable)

**3850 N.E. 21st Way #58**

83

84 City

**Lighthouse Point**

**FL**

85 Zip Code

**33064**

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

*Margaret Rubin*

**MARGARET RUBIN**

**3-25-96**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SEARLES, MARY	
STREET ADDRESS	3850 21ST WAY	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	RUSSO, MARIE	
STREET ADDRESS	3850 N.E. 21ST WAY #58	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEGORIA, JOHN	
STREET ADDRESS	3860 N.E. 21ST WAY #42	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MCKAY, WILLIAM J	
STREET ADDRESS	3850 N.E. 21ST WAY	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOSEPH, ARHTUR	
STREET ADDRESS	3851 N.E. 21ST WAY	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John DeGoria	
1.3 STREET ADDRESS	3860 N.E. 21st Way #42	
1.4 CITY-ST-ZIP	Lighthouse Point, FL. 33064	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Raymond Kennedy	
2.3 STREET ADDRESS	3851 N.E. 21st Avenue #24	
2.4 CITY-ST-ZIP	Lighthouse Point, FL. 33064	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Margaret Rubin	
3.3 STREET ADDRESS	3850 N.E. 21st Way #58	
3.4 CITY-ST-ZIP	Lighthouse Point, FL. 33064	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lorraine Kempton	
4.3 STREET ADDRESS	3851 N.E. 21st Avenue #30	
4.4 CITY-ST-ZIP	Lighthouse Point, FL. 33064	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

*Raymond Kennedy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

**954-941-4688**

CR2E037 (12/95)