FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



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

1996

DOCUMENT # 714805

(9)

SUNSE	T PARK TOWN HOUSES AS	SSOCIATION, INC.			
Principal Place	of Business	Mailing Address	_		T TORKINI ODDOT HEALT BINDS (EXIST DOTAL SITE DINCE BINDS BIRDS DINCE BIRDS BIRDS DINCE BIRDS DINCE
8018-A S.W. 103RD AVE. MIAMI FL 33173		8018-A S.W. 103RD AVE. MIAMI FL 33173			
•					3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995
21	ace of Business	2a. Mailing Address 26			4. FEI Number Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
City & State		City & State	1		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25 9. Name and Address of Current	Zip 29	Goun 30	try	This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
	9. Name and Address of Culterin	negistered Agent		31 Name	10. Name and Address of New Registered Agent
KAHN D	ı∩ NiNi å				
KAHN, DONNA 8446 SW 103RD AVE				Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33173				33	
			Ī	34 City	FL 85 Zip 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 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					
	Signature, typied or printed name of registered agent a			gent signature	required when reinstating! DATE
12.	OFFICERS AND	DIRECTORS DELETE	13.	r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 V. Change Ty/Addition
NAME	BOCK, BARBARA	* Jotte it	1.2 NAN		David Walter
STREET ADDRESS	8128 S.W. 103 AVE			EET ADDRESS	8320 SW 103 Ave
CITY-ST-ZIP	MIAMI FL			-ST-ZIP	neigne 21 33173
TITLE	PD	DELETE	2.1 TITL		Director Change Addition
NAME	KAHN, DONNA		2 2 NAM	1E	Diane Neumann 8608 SW 103 Aug
STREEF ADDRESS	8446 S.W. 103RD AVENUE		2.3 STR	EET ADDRESS	
CITY-ST-ZIP	MIAMI FL SD	DELETE		Y - ST - Z IP	Mian , 71 37173
TITLE NAME	BERMAN, JOYCE	Clotter	3.1 TITL 3.2 NAM		Diane O'Neill Change Maddillon
STREET ADDRESS	8708 S.W. 103 AVE			EET ADDRESS	8436 SW 103 Ave
CiTY-ST-ZiP	MIAMI FL			Y-ST-ZIP	miami, 91 33173
TITLE	TD	DELETE	4.1 TITL		Dereuter Change Maddition
NAME	BURR, MARY ANN		4. 2 NAI	Æ	18914 S.W 103 Ave
STREET ADDRESS	8448 SW 103RD AVE		4.3 STR	ET ADDRESS	_ `
CITY-ST-ZIP	MIAMI FL D	DELETE	_	-ST-ZIP	Maini, 71 33,73
THLE NAME	NAVARROW, MERCEDES	Ningratia	5.1 TITL 5.2 NAM		Change Addition
STREET ADDRESS	8505 SW 103 AVE		ŀ	ET ADDRESS	
CHTY-ST-ZIP	MIAMI FL			-ST-ZIP	
TITLE	VPD	DELETE	6 1 TITL	·	☐ Change ☐ Addition
NAME	COLE, DENNIS		62 NAM	IE.	
STREET ADDRESS	8022 S.W. 103RD AVENUE		63 STRI	EET ADDRESS	
CITY-ST-ZIP	MIAMI FL	ith this filing is unlustorik. furnis		-ST-ZIP	Nife for the exemption stated in Caption 410 07/000 Finder Out to 11
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: NO MAA TAAM 2/15/96 305-273-4070 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devices Priore I					