FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Mar 26 1997 8:00am

Secretary of State

Daytime Phone # 0022222

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

716735

(6)

THE SUNRISER CONDOMINIUM INC.

						#
Principal Place of Business Mailing Address					i iff a tin inum i statid diett idand nicht	mill dillit bikil minst nint hibt dibit innt
5971 NORTHWEST 17TH PLACE SUNRISE FL 33313		10191 W. SAMPLE RD. SUITE 203 CORAL SPRINGS FL 33065-3961				
					3. Date Incorporated or Qualified 06/13/1969	3s. Date of Last Report 05/10/1996
Principal Place of Business Total		2a. Mailing Address			4. FEI Number 59-1356571	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23 [Ζιρ	Country	28	Zip Country		Trust Fund Contribution	Added to Fees
24	25	29	30		This corporation has liability for Florida Statutes	Yes No
£4]	9. Name and Address of Current				10. Name and Address of New Registered Agent	
		······································	8	81 Name		
CALDENAZZO, JAMES D			-	82 Street Address (P.O. Box Number is Not Acceptable)		- La
	. SAMPLE RD.			raress (F.O. box Number is Not Acceptable)		
SUITE 20		83				
	SPRINGS FL 33065		8	4 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 617.0502	and 617,1508. Florida Statu	tes, the abo	ve-named	corporation submits this statement for the	ourpose 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 _	Stgnature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered A	gent signature	required when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		D , v	Change Addition
NAME	FUNG, CYNTHIA		1.2 NAM	E	Merche Flemming	" of the se
STREET ADDRESS	1001 NW 104 AVE.		1.3 STRE	ET ADDRESS	2011 NM 1740 Place	5 (MD) 10)
CITY-ST-ZIP	PLANTATION FL 33322		1.4 CITY	-ST-ZIP	Sunmise Fl 33	3313
TITLE	ST	☐ DELETE	2.1 TITLE			Change Addition
NAME	CHUNG, NEVILLE		2.2 NAI			
STREET ADDRESS	7241 NW 11TH ST.		2.3 STRE	ET ADDRESS		
CITY - S1 - ZIP	PLANTATION FL 33313	· · · · · · · · · · · · · · · · · · ·	2. 4 CITY	-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE	•		Change Addition
NAME	SINCLAIR, GAUWEN		3.2 NAM	Ē		
STREET ADDRESS	OLANTATION EL GODAG			EET ADDRESS		
CITY-S1-ZIP	PLANTATION FL 33313	☐ DELETE	3.4. CITY			Change Addition
TITLE	d Salazar, dilma	T DETELE	4.1 TITLE			C CHANGE C ADDITION
NAME CTUCCI ADDRESS	5971 NW 17TH PLACE #101		4.2 NAM			
STREET ADDRESS CITY-ST-ZIP	PLANTATION FL 33313			ET ADDRESS		
TITLE	D	₩ DELETE	4.4 City 5.1 Title			Change Addition
NAME	JANVIER, STEVEN	M service	5.2 NAM		·	Section 1 1-11 (Sec. 1) Section 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STREET ADDRESS	5971 NW 17TH PL., APT 102			ET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		5.4 CITY			
TITLE	D	DELETE	6.1 TITLE			Change Addition
NAME	CRISAIN, AYNEL	• •	6.2 NAM	E		
STREET ADORESS	5971 NW 17TH PL., APT 209			ET ADDRESS		
CITY-S1-ZIP	SUNRISE FL		6.4 CITY			
					stated in Section 119.07(3)(i), Florida Statute	
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 within address.						