

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 # 723161 (6)

1. Corporation Name

SUNSET ISLE COMMUNITY ASSOCIATION, INC



Principal Place of Business

**5975 N W 84TH TERRACE
TAMARAC FL 33321**

Mailing Address

**5975 N W 84TH TERRACE
TAMARAC FL 33321**

3. Date Incorporated or Qualified
04/13/1972

3a. Date of Last Report
02/07/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHWARTZ, SAM
8509 N.W. 59TH CT.
TAMARAC FL 33321**

81 Name

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

83

84 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

Sam Schwartz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **SCHWARTZ, SAM**
STREET ADDRESS **8509 NW 59TH CT**
CITY - ST - ZIP **TAMARAC FL**

TITLE **VD** ☐ DELETE
NAME **KONIGSBERG, OTTO**
STREET ADDRESS **8109 N W 59 PLACE**
CITY - ST - ZIP **TAMARAC FL**

TITLE **SD** ☐ DELETE
NAME **EILBERG, JANE**
STREET ADDRESS **8409 NW 59TH PLACE**
CITY - ST - ZIP **TAMARAC FL**

TITLE **VD** ☒ DELETE
NAME **ROSENBLUM, SOL**
STREET ADDRESS **8408 NW 59TH ST**
CITY - ST - ZIP **TAMARAC, FL 00000**

TITLE **TD** ☐ DELETE
NAME **KAMM, JANICE**
STREET ADDRESS **5907 NW 87TH AVE**
CITY - ST - ZIP **TAMARAC FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Sarasue Nelson**
4.3 STREET ADDRESS **8423 N W 59 Ct.**
4.4 CITY - ST - ZIP **Tamarac, FL 33321**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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: *Sam Schwartz* **SAM SCHWARTZ, PRES.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-96

954-722-0095

Date

Daytime Phone #

CR2E037 (12/95)