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FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

5975 N W 84TH TERRACE
TAMARAC FL 333215975 N W 84TH TERRACE
TAMARAC FL 33321-42613. Date Incorporated or Qualified
04/13/19723a. Date of Last Report
01/31/1996

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

29

30

4. FEI Number

59-1446329

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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

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

81 Name

JEAN V. MARTELLI

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

8509 N.W. 59th STREET

83

TAMARAC

84

TAMARAC

FL

85 Zip Code

33321

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 JEAN V. MARTELLI

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

Jean V. Martelli

2/1/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SCHWARTZ, SAM
STREET ADDRESS 8509 NW 59TH CT
CITY-ST-ZIP TAMARAC FL
☒ DELETE1.1 TITLE PD
1.2 NAME MARTELLI JEAN
1.3 STREET ADDRESS 8509 NW 59TH STREET
1.4 CITY-ST-ZIP TAMARAC, FL
☒ Change ☐ AdditionTITLE VD
NAME KONIGSBERG, OTTO
STREET ADDRESS 8109 N W 59 PLACE
CITY-ST-ZIP TAMARAC FL
☐ DELETE2.1 TITLE VD
2.2 NAME KONIGSBERG OTTO
2.3 STREET ADDRESS 8109 NW 59 PLACE
2.4 CITY-ST-ZIP TAMARAC, FL
☐ Change ☐ AdditionTITLE SD
NAME EILBERG, JANE
STREET ADDRESS 8409 NW 59TH PLACE
CITY-ST-ZIP TAMARAC FL
☐ DELETE3.1 TITLE SD
3.2 NAME EILBERG JANE
3.3 STREET ADDRESS 8409 NW 59TH PLACE
3.4 CITY-ST-ZIP TAMARAC, FL
☐ Change ☐ AdditionTITLE VD
NAME NELSON, SARASUE
STREET ADDRESS 8423 NW 59 CT
CITY-ST-ZIP TAMARAC FL
☒ DELETE4.1 TITLE VD
4.2 NAME FRITZ LOUISE
4.3 STREET ADDRESS 8412 NW 59TH PLACE
4.4 CITY-ST-ZIP TAMARAC, FL
☒ Change ☐ AdditionTITLE TD
NAME KAMM, JANICE
STREET ADDRESS 5907 NW 87TH AVE
CITY-ST-ZIP TAMARAC FL
☒ DELETE5.1 TITLE TD
5.2 NAME RODERICK FRANK
5.3 STREET ADDRESS 8515 NW 59TH PLACE
5.4 CITY-ST-ZIP TAMARAC, FL
☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JEAN V. MARTELLI / Jean V. Martelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/97 1-954-721-5599

Date

Daytime Phone # 0036819

CR2E037 (9/96)