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FILED
Mar 04, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723161

1. Corporation Name

SUNSET ISLE COMMUNITY ASSOCIATION, INC

Principal Place of Business	Mailing Address
8573 N W 84TH TERRACE TAMARAC FL 33321	8573 N W 84TH TERRACE TAMARAC FL 33321

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 —	26 8423 N.W. 59 St.	04/13/1972
Suite, Apt. #, etc. 22 OW —	Suite, Apt. #, etc. 27 —	4. FEI Number 59-1446329 ☐ Applied For ☐ Not Applicable
City & State 23 —	City & State 28 TAMARAC, FL.	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip — Country 24 — 25	Zip — Country 29 33321 30 BROWARD	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MARTELLI, JEAN V.
8509 NW 59TH STREET
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name: SUE NELSON
82 Street Address (P.O. Box Number is Not Acceptable): 8423 N.W. 59 St.
83
84 City: 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: Sue Nelson President — DATE: 1/28/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PRES. - D	☒ Change ☐ Addition
NAME	MARTELLI, JEAN		1.2 NAME	SUE NELSON	
STREET ADDRESS	8509 NW 59TH STREET		1.3 STREET ADDRESS	8423 N.W. 59 ST.	
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
TITLE	VD	☒ DELETE	2.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	KONIGSBERG, OTTO		2.2 NAME	ROBERT HITCH	
STREET ADDRESS	8109 N W 59 PLACE		2.3 STREET ADDRESS	8208 N.W. 59 PL.	
CITY-ST-ZIP	TAMARAC FL		2.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
TITLE	SD	☒ DELETE	3.1 TITLE	SEC. - T	☒ Change ☐ Addition
NAME	EILBERG, JANE		3.2 NAME	ALVIRA MARDIROSSIAN	
STREET ADDRESS	8409 NW 59TH PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		3.4 CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	VP	☒ DELETE	4.1 TITLE	V.P. - T	☒ Change ☐ Addition
NAME	MARTELLI, THOMAS		4.2 NAME	KAY PARSONS	
STREET ADDRESS	8509 NW 59 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321		4.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
TITLE	TD	☐ DELETE	5.1 TITLE	~~T~~ T-J.	☐ Change ☐ Addition
NAME	FRANK, RODERICK		5.2 NAME	SAME	
STREET ADDRESS	8515 NW 59TH PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Pres. 954-720-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #