

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723376 (0)**

1. Corporation Name  
**SUNNY SHORES CONDOMINIUM, INC.**



Principal Place of Business <b>3716 NE 168TH STREET N. MIAMI BEACH FL 33160-3511</b>	Mailing Address <b>3716 NE 168TH STREET N. MIAMI BEACH FL 33160-3593</b>
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3. Date Incorporated or Qualified <b>05/11/1972</b>	3a. Date of Last Report <b>12/16/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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4. FEI Number <b>59-1582558</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**ROTOLO, ROSEMARY G  
3716 NE 168 STREET  
#207  
NORTH MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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: *Rosemary G. Roto*      *R. Roto*      **3-21-97**

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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CURELY, ISaura</b>	
STREET ADDRESS	<b>3716 N.E. 168 ST. #307</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROTOLO, ROSMARY</b>	
STREET ADDRESS	<b>3716 N.E. 168 STREET, #207</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HEISLER, ALBERT</b>	
STREET ADDRESS	<b>3716 N.E. 168 STREET, #303</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>REYESDELBRY, REBECCA</b>	
STREET ADDRESS	<b>3716 N.E. 168 STREET #301</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>	
TITLE	<b>AD</b>	<input type="checkbox"/> DELETE
NAME	<b>PEREZ, BETTY</b>	
STREET ADDRESS	<b>3716 N.E. 168 STREET, #403</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33180</b>	
TITLE	<b>A</b>	<input type="checkbox"/> DELETE
NAME	<b>GONZALEZ, RICHARD</b>	
STREET ADDRESS	<b>3716 N.E. 168 ST. #408</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Rosemary G. Roto*      *R. Roto*      **3/21/97**      **305 940546**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/96)