FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723801

1. Corporation Name

SUN COUNTRY CONDOMINIUM, INC.

Principal Place of Business

3115-3199 N.W. 96 AVE. CORAL SPRINGS FL 33065 Mailing Address

3115-3199 N.W. 96 AVE. CORAL SPRINGS FL 33065

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90007 027 ****61.25



2. Principal P	incipal Place of Business 2a. Mailing Address						3. Date Incorporate	ed or Qualifed				
21	26					1	······ 07/05/1972		-	-		
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.						4. FEI Number			A	plied For	
22	27						59-1533271		No	t Applicable		
City & State City & State							E 0 115 1 101				Additional	
23 28							5. Certifcate of Sta	tus Desired			quired	
Zip	Country	Zip	Cou	ntry		1	6. Election Campa	ign Financing		\$5.00	May Ro	
24	25	29	0			İ	Trust Fund Cont			Added		
Name and Address of Current Registered Agent							10. Name and Add	ress of New I	Registered	Agent		
		-		81	Name							
POLIAKOFF, GARY A.					044	A -1 -1	/D D D N 1	·				
3111 STIRLING ROAD					82 Street Address (P.O. Box Number is Not Acceptable)							
FT. LAUDERDALE FL 33312												
11. LAUDERDALE 1 L SSS 12												
*				84	City				FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 617 0502	and 617 1509 Florida Statutos	*bo ok		nomod		dian automita this stat	amant facth		• <u> </u>		
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 a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florid	a Statu	ites.					•			
SIGNATURE			,									
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent	signature i	equired wh	en reinstating) ADDITIONS/CHA	NCEC TO OF	DATE	ID DIDECTO	COC IN I do	
TITLE	PD	DELETE					ADDITIONS/CHA	NGES TO OF	FICERS AN			
	· · · · · · · · · · · · · · · · · · ·	C) Dete le	1.1 TIT							☐ Change	☐ Addition	
NAME	LASORSA, JESSIE P		1.2 NA	ME								
STREET ADDRESS	3133 CORAL HILLS DR., #3C		1.3 STREET ADDRESS							i		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-ST-ZIP									
TITLE	VTD □ DELETE		2.1 TITLE						☐ Change	☐ Addition		
NAME	KINNEY, JAMES		2.2 NAME									
STREET ADDRESS	3115 N.W. 96TH AVENUE		2.3 STREET ADDRES		ADDRESS	-	. .			-		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2.4 CITY-ST-ZIP									
TILE	D DELETE		3.1 TITLE						☐ Change	Addition		
NAME	WATOMED DOUBLE		3.2 NAME									
STREET ADDRESS	2422 CODAL UILLO DD #04			3.3 STREET ADDRESS								
CITY-ST-ZIP	CODAL CODINGS EL GOGGE										1	
TITLE				3.4. CITY-ST-ZIP						Change	Addition	
NAME	DOMOC HAIR									□ cusuâe	☐ vacinou	
	CHOC CORAL LILLO DD. WAG			4.2 NAME 4.3 STREET ADDRESS								
STREET ADDRESS	CODAL CODINCE EL DOCCE										ļ	
CITY-ST-ZIP				4.4 CITY-ST-ZIP							<u>.</u>	
TITLE				5.1 TITLE						Change	Addition	
NAME	KANIA, MICHELLE		5.2 NAN									
STREET ADDRESS					NODRESS							
CITY-ST-ZIP	CORAL SPRINGS FL 33065		5.4 CIT		ZIP							
TITLE		☐ DELETE	6.1 TITL	E	7					☐ Change	☐ Addition	
NAME			6.2 NAN	ΛE	İ						Į	
STREET ADDRESS			6.3 STR	REET A	NDDRESS							
CITY-ST-ZIP			6.4 CITY	Y-ST-	ZIP							

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

WELLIATE VIEW TO SEQUIFMESTA ELLE Kania

14/199

344-6619

Daytime Phone #

22E037 (11/98)