

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 # 725326 (3)

1. Corporation Name
115 SUNRISE A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: C/O SUNRISE CONDOMINIUM CPM CORP. 170 OCEAN LANE DRIVE KEY BISCAYNE FL 33149
Mailing Address: C/O SUNRISE CONDOMINIUM CPM CORP. 170 OCEAN LANE DRIVE KEY BISCAYNE FL 33149

3. Date Incorporated or Qualified: 01/22/1973
3a. Date of Last Report: 04/13/1995
4. FEI Number: 59-2435210
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
DE CUBAS, MADELEINE
115 SUNRISE DR
APT #4-D
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent
81 Name: Certified Property Management
82 Street Address: 170 Ocean Lane Drive
84 City: Key Biscayne FL 85 Zip Code: 33149

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: [Signature] DATE: 1-24-94

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ASHE, CRISTINA	
STREET ADDRESS	115 SUNRISE DR.	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAUGH, FRANCIS	
STREET ADDRESS	115 SUNRISE DR.	
CITY - ST - ZIP	KEY BISCAYNE, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DE CUBAS, JORGE	
STREET ADDRESS	115 SUNRISE DR.	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SIERRA, MIRTHA	
STREET ADDRESS	115 SUNRISE DR.	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALLOCO, CARLOS	
STREET ADDRESS	115 SUNRISE DR #4C	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	De Cubas Jorge
3.4 CITY - ST - ZIP	115 Sunrise DR # Key Biscayne, FL 33149
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	Sierra Mirtha
4.4 CITY - ST - ZIP	115 Sunrise DR Key Biscayne, fl 33149
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Aguilera Gladys
5.4 CITY - ST - ZIP	115 Sunrise DR #PH A Key Biscayne, FL 33149
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 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Cristina Lammie Ashe DATE: Daytime Phone #:

CR2E037 (12/95)