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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33149-1460



3. Date Incorporated or Qualified: 01/22/1973
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2435210	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

CERTIFIED PROPERTY MANAGEMENT
170 OCEAN LINE DR.
APT #4-D
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHE, CRISTINA	1.2 NAME	
STREET ADDRESS	115 SUNRISE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUGH, FRANCIS	2.2 NAME	
STREET ADDRESS	115 SUNRISE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE CUBAS, JORGE	3.2 NAME	
STREET ADDRESS	115 SUNRISE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIERRA, MIRTHA	4.2 NAME	SIERRA, MIRTHA
STREET ADDRESS	115 SUNRISE DR.	4.3 STREET ADDRESS	115 SUNRISE DR.
CITY-ST-ZIP	KEY BISCAYNE FL	4.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUILERA, GLADYS	5.2 NAME	RICHARD KADERMAN
STREET ADDRESS	115 SUNRISE DR #4C	5.3 STREET ADDRESS	115 SUNRISE DR.
CITY-ST-ZIP	KEY BISCAYNE FL	5.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Cristina Ashe* Feb 17/1997 365 9011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0030708

CR2E037 (9/96)