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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
C/O SUNRISE CONDOMINIUM CPM CORP.
170 OCEAN LANE DRIVE
KEY BISCAVNE FL 33149

3. Date Incorporated or Qualified
01/22/1973

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

CERTIFIED PROPERTY MANAGEMENT
170 OCEAN LINE DR.
APT #4-D
KEY BISCAVNE 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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ASHE, CRISTINA	
STREET ADDRESS	115 SUNRISE DR.	
CITY-ST-ZIP	KEY BISCAVNE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HAUGH, FRANCIS	
STREET ADDRESS	115 SUNRISE DR.	
CITY-ST-ZIP	KEY BISCAVNE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DE CUBAS, JORGE	
STREET ADDRESS	115 SUNRISE DR.	
CITY-ST-ZIP	KEY BISCAVNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIERRA, MIRTHA	
STREET ADDRESS	115 SUNRISE DR.	
CITY-ST-ZIP	KEY BISCAVNE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RICHARD KADERMAN	
STREET ADDRESS	115 SUNRISE DR	
CITY-ST-ZIP	KEY BISCAVNE 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 checked="" type="checkbox"/> Addition
1.2 NAME	SD
1.3 STREET ADDRESS	MARGARIDA Coutinho
1.4 CITY-ST-ZIP	115 Sunrise DR Key Biscayne, FL 33149
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TD
2.3 STREET ADDRESS	Gregory Santin
2.4 CITY-ST-ZIP	115 Sunrise DR Key Biscayne, FL 33149
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VPD
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PD
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Mort A. Lucas* 1-27-98

CR2E037 (10/97)