**FILE NOW: FILING FEE IS $61.25**

FILED
Jul 28 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 # 728017 (5)

1. Corporation Name
**SUNRISE #1 CONDOMINIUM ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 488 NE 18TH AVE<br>#205<br>HOMESTEAD FL 33033-5023 | 488 NE 18TH AVE<br>#205<br>HOMESTEAD FL 33033-5023 |

3. Date Incorporated or Qualified: 11/14/1973
3a. Date of Last Report: 06/24/1996

2. Principal Place of Business
21: 488 NE 18 Ave
22 Suite, Apt. #, etc.: 101
23 City & State: Homestead, Fl
24 Zip: 33033
25 Country: DADE

2a. Mailing Address
26: 488 NE 18 Ave.
27 Suite, Apt. #, etc.: 101
28 City & State: Homestead, Fl
29 Zip: 33033
30 Country: Dade

4. FEI Number: 59-1583845 ☒ Applied For ☐ Not Applicable

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

**9. Name and Address of Current Registered Agent**

FLICKINGER, ARLYNE S
488 N.E. 18TH AVENUE, #106
HOMESTEAD FL 33030

**10. Name and Address of New Registered Agent**

81 Name: Curl, John Kelly
82 Street Address (P.O. Box Number is Not Acceptable): 488 NE 18 Avenue #101
83 84 City: Homestead, Fl 33033
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | STD | ☒ DELETE | 1.1 TITLE | Assistant VPD | ☒ Change ☐ Addition |
| NAME | MARTIN, BETTY | | 1.2 NAME | Betty Martin | |
| STREET ADDRESS | 488 NE 18TH AVE #205 | | 1.3 STREET ADDRESS | 488 NE 18 Ave # 205 | |
| CITY-ST-ZIP | HOMESTEAD, FL 00000 | | 1.4 CITY-ST-ZIP | Homestead Fl 33033 | |
| TITLE | VPD | ☒ DELETE | 2.1 TITLE | STD | ☒ Change ☐ Addition |
| NAME | CURL, JOHN KELLY | | 2.2 NAME | Curl, John Kelly | |
| STREET ADDRESS | 488 NE 18TH AVENUE, #101 | | 2.3 STREET ADDRESS | 488 NE 18 Ave #101 | |
| CITY-ST-ZIP | HOMESTEAD FL | | 2.4 CITY-ST-ZIP | Homestead, Fl 33033 | |
| TITLE | PD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FLICKINGER, ARLYNE S. | | 3.2 NAME | | |
| STREET ADDRESS | 488 N.E. 18TH AVE #106 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HOMESTEAD FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | VPD | ☐ Change ☒ Addition |
| NAME | | | 4.2 NAME | Jeanette Arriaga | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 488 NE 18 Ave #102 | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | Homestead, Fl 33033 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

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: John Kelly Curl Title VPD