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Apr 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729361 (6)**

1. Corporation Name  
**SUNRISE ACRES PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>P.O. BOX 877 POLK CITY FL 33868</b>	Mailing Address <b>P.O. BOX 877 POLK CITY FL 33868-0877</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/15/1974</b>	3a. Date of Last Report <b>01/29/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>NUCCIO, VINCENT PHILIP 3939 W. KENNEDY BLVD. TAMPA FL 33609</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<b>FL</b>	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	<b>PTD</b>	1.1 TITLE	<b>President/Treasurer/Director</b>
NAME	<b>MIRANDA, BENITO</b>	1.2 NAME	<b>Miranda, Benito</b>
STREET ADDRESS	<b>4019 ORPAL STREET WEST</b>	1.3 STREET ADDRESS	<b>P.O. Box 877 13311</b>
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	1.4 CITY-ST-ZIP	<b>Polk City, FL 33868</b>
TITLE	<b>VSD</b>	2.1 TITLE	<b>Vice President/Secretary/Director</b>
NAME	<b>CARLO, MIGUEL A.</b>	2.2 NAME	<b>Carlo, Miguel A.</b>
STREET ADDRESS	<b>BENITEZ A3, VILLA LISSET</b>	2.3 STREET ADDRESS	<b>P.O. Box 1969</b>
CITY-ST-ZIP	<b>GUAYNABO PR 00957 00970</b>	2.4 CITY-ST-ZIP	<b>Guaynabo, P.R. 00970</b>
TITLE	<b>D</b>	3.1 TITLE	<b>Director</b>
NAME	<b>PIERCE, JOHN</b>	3.2 NAME	<b>Pierce, John</b>
STREET ADDRESS	<b>817 MERIDIAN, APT. #1</b>	3.3 STREET ADDRESS	<b>1617 S. Georgia AVE</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	3.4 CITY-ST-ZIP	<b>Tampa, FL 33629</b>
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

06/10/1996