

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 # 730256 (5)
1. Corporation Name
SUNRISE ISLAND CONDOMINIUM ASSOCIATION I, INC.



Principal Place of Business
**3905 NOB HILL ROAD
SUNRISE FL 33351**

Mailing Address
**3905 NOB HILL ROAD
SUNRISE FL 33351**

3. Date Incorporated or Qualified
07/22/1974

3a. Date of Last Report
04/18/1995

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number
59-2042109

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

10. Name and Address of New/Registered Agent

**BECKER, POLIAKOFF & STREITFELD, P.A.
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312-6525**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE
NAME **BUTLER, MARIA**
STREET ADDRESS **3905 NOB HILL RD #302**
CITY-ST-ZIP **SUNRISE FL**

TITLE **SD** ☒ DELETE
NAME **LESH, GEORGE**
STREET ADDRESS **3905 NOB HILL RD 404**
CITY-ST-ZIP **SUNRISE FL**

TITLE **VPD** ☒ DELETE
NAME **GERARD, MILTON**
STREET ADDRESS **3905 NOB HILL RD 100**
CITY-ST-ZIP **SUNRISE FL**

TITLE **VPD** ☒ DELETE
NAME **ROSEN, SYLVIA**
STREET ADDRESS **3905 NOB HILL 111**
CITY-ST-ZIP **SUNRISE FL**

TITLE **VPD** ☐ DELETE
NAME **SHURBER, MILAGROS**
STREET ADDRESS **3905 NOB HILL RD 306**
CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **SD** ☐ Change ☐ Addition
2.2 NAME **NANCY CRAIG**
2.3 STREET ADDRESS **3905 NOB HILL RD.**
2.4 CITY-ST-ZIP **SUNRISE, FL**

3.1 TITLE **VPD** ☐ Change ☐ Addition
3.2 NAME **HELEN LANE**
3.3 STREET ADDRESS **3905 NOB HILL RD.**
3.4 CITY-ST-ZIP **SUNRISE, FL**

4.1 TITLE **VPD** ☐ Change ☐ Addition
4.2 NAME **MIRIAM WASSERMAN**
4.3 STREET ADDRESS **3905 NOB HILL RD.**
4.4 CITY-ST-ZIP **SUNRISE, FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/96

Daytime Phone #

CR2E037 (12/95)