

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730256 (5)
1. Corporation Name
SUNRISE ISLAND CONDOMINIUM ASSOCIATION I, INC.

Principal Place of Business Mailing Address
**3905 NOB HILL ROAD
SUNRISE FL 33351** **3905 NOB HILL ROAD
SUNRISE FL 33351-5865**



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/22/1974		3a. Date of Last Report 04/11/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2042109		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		Zip 29		Country 30	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BECKER, POLIAKOFF & STREITFELD, P.A. 3111 STIRLING ROAD FT. LAUDERDALE FL 33312-6525				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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER, MARIA		1.2 NAME	NANCY CRAIG	
STREET ADDRESS	3905 NOB HILL RD #302		1.3 STREET ADDRESS	3905 NOB HILL ROAD #311	
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY CRAIG		2.2 NAME	MIRIAM WASSERMAN	
STREET ADDRESS	3905 NOB HILL RD.		2.3 STREET ADDRESS	3905 NOB HILL ROAD #304	
CITY-ST-ZIP	SUNRISE FL		2.4 CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELEN LANE		3.2 NAME	MARCIA DANIELS	
STREET ADDRESS	3905 NOB HILL RD.		3.3 STREET ADDRESS	3905 NOB HILL ROAD #203	
CITY-ST-ZIP	SUNRISE FL		3.4 CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRIAM WASSERMAN		4.2 NAME	RALPH NAHOUM	
STREET ADDRESS	3905 NOB HILL RD.		4.3 STREET ADDRESS	3905 NOB HILL ROAD #300	
CITY-ST-ZIP	SUNRISE FL		4.4 CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHURBER, MILAGROS		5.2 NAME	WALTER ROGERS	
STREET ADDRESS	3905 NOB HILL RD 306		5.3 STREET ADDRESS	3905 NOB HILL ROAD #402	
CITY-ST-ZIP	SUNRISE FL		5.4 CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE		<input type="checkbox"/> DELETE	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: Nancy C. Craig, NANCY CRAIG 3/5/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037918

CR2E037 (9/96)