

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 730498 (3)

1. Corporation Name

SUNRISE #2 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

400 NE 18 AVE #103  
HOMESTEAD FL 33033

Mailing Address

400 NE 18 AVE #103  
HOMESTEAD FL 33033-50203. Date Incorporated or Qualified  
08/22/19743a. Date of Last Report  
05/01/19964. FEI Number  
59-1584293Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUMOHR, WARREN  
400 NE 18TH AVE #103  
HOMESTEAD FL 33030

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

Warren Rumohr

4-24-97

12. OFFICERS AND DIRECTORS

|                |                       |                                            |
|----------------|-----------------------|--------------------------------------------|
| TITLE          | D                     | <input type="checkbox"/> DELETE            |
| NAME           | ELZA, WILLIAM         |                                            |
| STREET ADDRESS | 400 N E 18TH AVE #204 |                                            |
| CITY-ST-ZIP    | HOMESTEAD FL          |                                            |
| TITLE          | STD                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | GRIFFITS, DOROTHY A.  |                                            |
| STREET ADDRESS | 400 NE 18TH AVE. #207 |                                            |
| CITY-ST-ZIP    | HOMESTEAD, FL 00000   |                                            |
| TITLE          | PD                    | <input type="checkbox"/> DELETE            |
| NAME           | RUMOHR, WARREN        |                                            |
| STREET ADDRESS | 400 NE 18TH AVE #103  |                                            |
| CITY-ST-ZIP    | HOMESTEAD FL          |                                            |
| TITLE          |                       | <input type="checkbox"/> DELETE            |
| NAME           |                       |                                            |
| STREET ADDRESS |                       |                                            |
| CITY-ST-ZIP    |                       |                                            |
| TITLE          |                       | <input type="checkbox"/> DELETE            |
| NAME           |                       |                                            |
| STREET ADDRESS |                       |                                            |
| CITY-ST-ZIP    |                       |                                            |
| 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 type="checkbox"/> Addition            |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY-ST-ZIP    |                                                                              |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | DIRECTOR                                                                     |
| 2.3 STREET ADDRESS | JOSEPH A. LICATA                                                             |
| 2.4 CITY-ST-ZIP    | 400 N.E. 18TH AVE. #105                                                      |
| 3.1 TITLE          |                                                                              |
| 3.2 NAME           |                                                                              |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY-ST-ZIP    |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Warren Rumohr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUMOHR, WARREN 4-24-97 305-248-2864

Date

Daytime Phone # 0024212

CR2E037 (9/96)