


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742105** (0)  
1. Corporation Name  
**SUNRISE ISLAND RECREATION ASSOCIATION, INC.**



Principal Place of Business <b>C/O LEIGH A. HENDLER, C.P.A. 1515 UNIVERSITY DR., #107A CORAL SPRINGS FL 33071</b>	Mailing Address <b>C/O LEIGH A. HENDLER, C.P.A. 1515 UNIVERSITY DR., #107A CORAL SPRINGS FL 33071</b>
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3. Date Incorporated or Qualified <b>03/31/1978</b>	
4. FEI Number <b>59-2042110</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent  
**HENDLER, LEIGH A., C.P.A.  
1515 UNIVERSITY DRIVE  
SUITE 107A  
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAIG, NANCY</b>	1.2 NAME	
STREET ADDRESS	<b>3905 NOB HILL RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, BERNARD</b>	2.2 NAME	
STREET ADDRESS	<b>3555 NOB HILL RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVINE, HARRY</b>	3.2 NAME	
STREET ADDRESS	<b>4025 NOB HILL RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOSKOL, SANFORD</b>	4.2 NAME	
STREET ADDRESS	<b>4025 NOB HILL RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEISS, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>3955 NOB HILL RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	5.4 CITY-ST-ZIP	
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 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: X *[Signature]* x 3/19/98

CP2E037 (10/97)