FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

(6)

DIVISION OF CORPORATIONS

1996

743550

DOCUMENT #

1. Corporation Name THE SUNRAY CONDOMINIUM ASSOCIATION, INC.

Pr	incipal Place of Busine	SS	Mailing Address				7.00					
1100 SURF ROAD 1100 SURF ROAD												
_	F113	•-	#113									
SINGER ISLAND FL 33404 US			SINGER ISLAND FL 33404 US			3. Date Incorp 07/11	orated or Qualified /1978	3a. Date	of Last R 5/15/19	teport 95		
	Principal Place of Bus	siness	2a. Mailing Address				4. FEI Numbe 65-01	21575			pplied For lot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				40	\$8.75 Additional				
22			27				5. Certificate	of Status Desired			lequired	
	City & State		City & State			6. Election Ca	mpaign Financing	\$5.00 May Be				
23		28						Contribution			to Fees	
Ĺ,	Zip	Country	Zip	├ ──¬	untry		1	ration has liability for in			199.032,	
24		25	Designation of America	30			Florida Sta	lutes Address of New Re	Yes N			
<u> </u>	9, Na	ne and Address of Current	Registered Agent		81	Name)U. Name and	, I	- 4 4			
	KUHARCIK, JOSI 1211 THE PLAZA				82			TE だ。 nber is Not Acceptable SURF だ		1115	;	
	SINGER ISLAND	FL 33404			83		SINGER	ISLYN.	٨			
					84	City	571- 111	75 C X	FL	85 Zip	Code 3 4 0 4	
1	1. Pursuant to the pro	visions of Sections 617.0502	and 617-1508, Florida Statute	es, the ab	ove-na	amed corpo	ration submits this	statement for the purp		oino ito so	ainternal office	
	or registered agent,	suant to the provisions of Sections 617.0502 and 612,508, Honda Statutes, the above-named corporation submits this statement for the purpose of changing registered agent, or both, in the State of Florida, 80ch change was authorized by the corporation's board of directors. I hereby accept the appointment as regis lillar with, and accept the obligations of Section 617.0503, Florida Statutes.									agent. I am	
_		4000		da Statutes.				1/25/	96			
\$	IGNATURE	ped or printed name of registeror agent a	no title if applicable. (NO	TE: Registere	ed Agent	signature require	ed when reinstaling)		DATE			
1	2.	OFFICERS AND		13			ADDITIONS	S/CHANGES TO OFFI				
11	ILE VD	IA ATERILIE	DEFELE	1.1	TITLE] Change	Addition	
N.		.is, stephanie			NAME							
SI	INCEL ADDITION	SURF RD.		1.3	STREET	ADDRESS						
⊢	11-31-21	ER ISLAND FL	- Interest		CITY-ST	- ZIP				Change	Addition	
l	ILE PD	IC HADDY	DELETE		THTLE					Change	L.J Addition	
l	1100	JS, HARRY SURF ROAD #113			NAME							
l	CINICI	ER ISLAND FL		1		ADDRESS						
<u> </u>	11-31-21	IN IOCAND I C	DELETE	_	CITY-SI TITLE	1 - ZIP			<u>-</u> -	Change	Addition	
l	HOUR	JS, MARY	Постеть		NAME				_	, 3-		
l		SURF ROAD #113				ADDRESS						
1	INEE I NODINGOU	ER ISLAND FL			CITY-SI							
	TLE		DELETE		TITLE] Change	Addition	
l	AME			4 2	NAME	1						
1	TREET ADDRESS			4.3	STREET	ADDRESS						
1	ITY - ST - ZIF				CITY - ST							
—	TLE		DELETE		TITLE] Change	Addition	
N.	AME			52	NAME							
s	TREET ADDRESS			53	STREET	ADORESS						
С	ITY-ST-ZIP			5 4	CITY-ST	-ZIP				10.		
TI	TLE	_ · _ 	DELETE	61	TITLE	ļ] Change	☐ Addition	
N.	AME			62	NAME							
S	TREET ADDRESS			63	STREET	ADDRESS						
C	ITY - ST - ZIP			6.4	CITY-SI	- ZIP			07/0/// 6: :	-1- 01-1	14	
1	certify that the infor oath: that I am an o	hat the information supplied w mation indicated on this annu- officer or director of the corpor 2 or Block 13 if changed, or or	al report or supplemental ann ation or the receiver or truste	iual repor ie empow	t is tru	e and accur	rate and that my signis report as require	inature shall have the :	same legal e	mectas ir	made under	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR H MOULIS) 1-25-96 467-863-8053 SIGNATURE: