

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753310 (2)
1. Corporation Name
SUNRISE SPRINGS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
3712 N.W. 88TH AVE. **3712 N.W. 88TH AVE.**
SUNRISE FL 33351 **SUNRISE FL 33351**

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	Country	29	Zip
25		30	

3. Date Incorporated or Qualified 07/11/1980	
4. FEI Number 59-2143276	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
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STRALEY, STEPHEN J P.A. 3990 SHERIDAN STREET SUITE 109 HOLLYWOOD FL 33021		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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BANKO, JOHN J	1.2 NAME	MONEILLEY, ROBERT W II
STREET ADDRESS	3700 N.W. 88TH AVE	1.3 STREET ADDRESS	3700 N.W. 88 AVE #411
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	VPO	2.1 TITLE	VD
NAME	WEITZNER, PAUL	2.2 NAME	GREGORY, EILEEN M
STREET ADDRESS	3712 N.W. 88TH AVE	2.3 STREET ADDRESS	3700 N.W. 88 AVE #212
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	TD	3.1 TITLE	TD
NAME	MARASCO, MARIE	3.2 NAME	BOWLING, KARIN
STREET ADDRESS	3720 N.W. 88TH AVE	3.3 STREET ADDRESS	3730 N.W. 88 AVE #249
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	S	4.1 TITLE	SD
NAME	GELLESPIE, PAUL	4.2 NAME	KONIECZKA, STEVEN J
STREET ADDRESS	3700 N.W. 88TH AVE	4.3 STREET ADDRESS	3720 N.W. 88 AVE #329
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	D	5.1 TITLE	D
NAME	CAPUTI, SAM	5.2 NAME	GOWIN, PATRICIA A
STREET ADDRESS	3712 N.W. 88TH AVE	5.3 STREET ADDRESS	3700 N.W. 88 AVE #301
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	SUNRISE, FL 33351
TITLE		6.1 TITLE	
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: EILEEN M. GREGORY Eileen M Gregory 3/23/98 954-765-4291

CR2E037 (10/97)