FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **763457** **(9)**

1. Corporation Name

WEST SUNRISE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% PETER M WEINSTEIN, ESQ. 7880 N UNIVERSITY DR #300 TAMARAC FL 33321	% PETER M WEINSTEIN, ESQ. 7880 N UNIVERSITY DR #300 TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 05/27/1982
3a. Date of Last Report: 06/01/1994
4. FEI Number: 59-2213350 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WEINSTEIN, PETER M., ESQ.
7880 N.UNIVERSITY DR.,#300
TAMARAC FL 33321

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE		☒ Change ☐ Addition
NAME	RUSSO, JOHN	12 NAME		
STREET ADDRESS	11810 NW 31ST STREET	13 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 00000	14 CITY-ST-ZIP	33323	
TITLE	PD	21 TITLE		☒ Change ☐ Addition
NAME	CAPLINGER, LARRY	22 NAME		
STREET ADDRESS	11510 NW 34TH PLACE	23 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 00000	24 CITY-ST-ZIP	33323	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	HILKO, GARY	32 NAME	PEDILECTIS, MARLENE	
STREET ADDRESS	11651 NW 31ST PLACE	33 STREET ADDRESS	11460 NW 46TH PLACE	
CITY-ST-ZIP	SUNRISE FL	34 CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	VS	41 TITLE		☒ Change ☐ Addition
NAME	BARKER, EARL	42 NAME		
STREET ADDRESS	12020 NW 31ST PLACE	43 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	44 CITY-ST-ZIP	33323	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	BERNARDO, MIKE	52 NAME	VIGTH, JUNE	
STREET ADDRESS	11370 NW 40TH PLACE	53 STREET ADDRESS	11730 NW 30th PLACE	
CITY-ST-ZIP	SUNRISE, FL 00000	54 CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	MULLER, JOSEPH R	62 NAME	MULLER BARBARA	
STREET ADDRESS	12040 NW 31ST PL	63 STREET ADDRESS	12040 NW 31 PLACE	
CITY-ST-ZIP	SUNRISE, FL 00000	64 CITY-ST-ZIP	Sunrise FL 33323	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: LARRY CAPLINGER [signature] MAR. 11, 1995 (305) 741-1319
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0534448