FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 05/27/1982
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business
21: 11510 NW 34th PLACE
22 Suite, Apt. #, etc.: —
23 City & State: SUNRISE, FL.
24 Zip: 33323
25 Country: USA

2a. Mailing Address
26: 11510 NW 34th PLACE
27 Suite, Apt. #, etc.: —
28 City & State: SUNRISE, FL.
29 Zip: 33323
30 Country: USA

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

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: LARRY CAPLINGER
82 Street Address (P.O. Box Number is Not Acceptable): 11510 NW 34th PLACE
83:
84 City: SUNRISE, FL 85 Zip Code: 33323

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: LARRY CAPLINGER, PRES, [signature] APRIL 5, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RUSSO, JOHN 11810 NW 31ST STREET SUNRISE, FL 00000	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TD CAPLINGER, LISE 11510 NW 34TH PLACE SUNRISE, FL 33323	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAPLINGER, LARRY 11510 NW 34TH PLACE SUNRISE, FL 00000	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEDILECTIS, MARLENE 11460 N.W. 46TH PLACE SUNRISE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS BARKER, EARL 12020 NW 31ST PLACE SUNRISE FL	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD CAPLINGER, LARRY 11510 NW 34TH PLACE SUNRISE, FL 33323	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIETH, JUNE 11730 N.W. 30TH PLACE SUNRISE FL	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	VD CAPLINGER, LISE 11510 NW 34TH PLACE SUNRISE, FL 33323	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MULLER, BARBARA 12040 N.W. 31ST PLACE SUNRISE FL	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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, PRES, [signature] 4/6/96 (954) 741-4219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #