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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **763504** **(8)**

1. Corporation Name

SUNFLOWER MARGATE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2139 UNIVERSITY DRIVE SUITE 240 CORAL SPRINGS FL 33071-6137	2139 UNIVERSITY DRIVE SUITE 240 CORAL SPRINGS FL 33071-6134

3. Date Incorporated or Qualified: 06/02/1982
3a. Date of Last Report: 01/25/1996

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

4. FEI Number: 65-0034273 ☐ 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

LEVINE, MORTON
2139 UNIVERSITY DRIVE
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 **FL** 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 _____ 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	POLICELLA, GAIL		1.2 NAME		
STREET ADDRESS	1801 NW 80TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MORTON, LEVINE		2.2 NAME		
STREET ADDRESS	7600 NW 18TH PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	MANKIN, LYNN		3.2 NAME	JEFF KATZ	
STREET ADDRESS	7910 NW 19TH ST.		3.3 STREET ADDRESS	7604 N.W. 18 PL	
CITY-ST-ZIP	MARGATE FL		3.4 CITY-ST-ZIP	MARGATE	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GUZMAN, TRACY		4.2 NAME		
STREET ADDRESS	7908 NW 19TH ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	POLICELLA, JOHN		5.2 NAME		
STREET ADDRESS	1801 NW 80TH AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME	FRIEDMAN, STU		6.2 NAME	FRANK SANDOPE	
STREET ADDRESS	1905 NW 80TH AVE		6.3 STREET ADDRESS	7908 SUNFLOWER DR	
CITY-ST-ZIP	MARGATE FL		6.4 CITY-ST-ZIP	MARGATE FL	

CR2E037 (9/96)

14. I do 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 Morton Levine, Pres 3/10/97 954-968-0287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0026100