

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 33071-6137

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/02/1982

4. FEI Number

65-0034273

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

LEVINE, MORTON
2139 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME POLICELLA, GAIL
STREET ADDRESS 1801 NW 80TH AVE.
CITY-ST-ZIP MARGATE FL

☒ DELETE

TITLE TD
NAME MORTON, LEVINE
STREET ADDRESS 7800 NW 18TH PL
CITY-ST-ZIP MARGATE FL

☐ DELETE

TITLE D
NAME JEFF KATZ
STREET ADDRESS 7804 N.W. 18 PL.
CITY-ST-ZIP MARGATE FL

☐ DELETE

TITLE D
NAME GUZMAN, TRACY
STREET ADDRESS 7908 NW 19TH ST.
CITY-ST-ZIP MARGATE FL

☐ DELETE

TITLE D
NAME POLICELLA, JOHN
STREET ADDRESS 1801 NW 80TH AVE
CITY-ST-ZIP MARGATE FL

☐ DELETE

TITLE D
NAME FRANK SANDIOPE
STREET ADDRESS 7808 SUNFLOWER DR.
CITY-ST-ZIP MARGATE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: X

Gail P. Policella Gail P. Policella 3/27/98 (954) 968-4412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1097)