

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JUN 21 AM 10:07

DOCUMENT # N02197 (4)

1. Corporation Name
SUNRISE KEY ASSOCIATION, INC.

Principal Place of Business Mailing Address
% LINDA STEWART 2350 SUNRISE KEY BLVD. FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/26/1984	3a. Date of Last Report 04/29/1994
4. FEI Number 65-0208357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 1991.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
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9. Name and Address of Current Registered Agent
**GRANT, MARK
 635 THIRD KEY DRIVE
 FT. LAUDERDALE FL 33304**

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	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, CHARLES	12 NAME	
STREET ADDRESS	201 S.E 6TH ST.	13 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33361	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARL, DAVID	22 NAME	
STREET ADDRESS	608 FOURTH KEY DR	23 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	24 CITY - ST - ZIP	
TITLE	DS	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACTMAN, USA	32 NAME	
STREET ADDRESS	624 THIRD KEY DR	33 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	34 CITY - ST - ZIP	
TITLE	TD S	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEWART, LINDA	42 NAME	
STREET ADDRESS	2350 SUNRISE KEY BLVD	43 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	44 CITY - ST - ZIP	
TITLE	S	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, NORMAN	52 NAME	
STREET ADDRESS	616 THIRD KEY DR	53 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 110.07(3)(M), 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: *Linda B Stewart* **Linda B Stewart** Date: **6/5/95** Daytime Phone: **305-467-0858**

CR2E037 (3/95)