

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 # **N02197** (4)

1. Corporation Name
SUNRISE KEY ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **03/26/1984**
3a. Date of Last Report: **06/21/1995**
4. FEI Number: **65-0208357**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

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 (81-85)

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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: P	NAME: GREENE, CHARLES <input checked="" type="checkbox"/> DELETE STREET ADDRESS: 201 S.E. 6TH ST. CITY-ST-ZIP: FT. LAUDERDALE FL 33361
TITLE: D	NAME: PEARL, DAVID <input type="checkbox"/> DELETE STREET ADDRESS: 608 FOURTH KEY DR CITY-ST-ZIP: FT LAUDERDALE FL
TITLE: DS	NAME: TRACTMAN, LISA <input type="checkbox"/> DELETE STREET ADDRESS: 624 THIRD KEY DR CITY-ST-ZIP: FT LAUDERDALE FL
TITLE: TD S	NAME: TEWART, LINDA <input type="checkbox"/> DELETE STREET ADDRESS: 2350 SUNRISE KEY BLVD CITY-ST-ZIP: FT LAUDERDALE FL
TITLE: S	NAME: OLIVER, NORMAN <input type="checkbox"/> DELETE STREET ADDRESS: 616 THIRD KEY DR CITY-ST-ZIP: FT. LAUDERDALE FL
TITLE:	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: *Linda B. Stewart* DATE: **4/24/96** DAYTIME PHONE #: **954-467-0858**

CR2E037 (12/95)