


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90053 033 \*\*\*\*61.25

**DOCUMENT # N02544**

1. Entity Name  
**SUN RUN CONDOMINIUM II, ASSOCIATION, INC.**



Principal Place of Business  
**7101 W COMMERCIAL BLVD  
 4A  
 TAMARAC, FL 33319 US**

Mailing Address  
**% ALLIANCE PROPERTY SYSTEMS  
 P O BOX 26478  
 FT LAUDERDALE, FL 33320-478 US**

34023167

**8360 W OAKLAND PARK BLVD  
 SUITE 301  
 SUNRISE FL 33351**

**c/o ALLIANCE PROPERTY SYSTEMS  
 PO BOX 452199  
 FORT LAUDERDALE FL 33345-2199**



01312004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2438064**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BUKZAM, EDDIE                  3110 NW 88 AVE #207                  SUNRISE, FL 33351</b>		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BUKZAM, EDDIE</b> 3110 NW 88 AVE., #207 SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS <b>WIENER, NATALIE</b> 3110 NW 88TH AVE #306 SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>ROMANO, WALTER</b> 3110 NW 88 AVE., STE 202 SUNRISE, FL 33351	<input checked="" type="checkbox"/> Delete	D/T <b>TAYLOR, NITA</b> 3110 NW 88 AVE #206 SUNRISE FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** E. Bukzam  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_