

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90080 014 ****61.25

DOCUMENT # N02544

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



Principal Place of Business

**3110 NW 88 AVE
SUNRISE FL 33351
US**

Mailing Address

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

2. Principal Place of Business

7101 W Commercial Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4-A

City & State

Tamarac FL

4. FEI Number **59-2438064**

Applied For

Not Applicable

Zip

Country

33319

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUKZAM, EDDIE
3110 NW 88 AVE #207
SUNRISE FL 33351**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	BUKZAM, EDDIE	
STREET ADDRESS	3110 NW 88 AVE., #207	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	WIENER, NATALIE	
STREET ADDRESS	3110 NW 88TH AVE #306	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROMANO, WALTER	
STREET ADDRESS	3110 NW 88 AVE., STE 202	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: ~~SIGNATURE REQUIRED~~

CR2E037 (10/02)