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 # N05680 (6)

1. Corporation Name

OUR PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SUNVEST MANAGEMENT SERVICE CORP 1100 S STATE RD 7 STE 100 MARGATE FL 33068	SUNVEST MANAGEMENT SERVICE CORP 1100 S STATE RD 7 STE 100 MARGATE FL 33068

3. Date Incorporated or Qualified: 10/16/1984

3a. Date of Last Report: 02/03/1995

4. FEI Number: 59-2686594 ☐ Applied For ☐ Not Applicable

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	2a. Mailing Address
21 Suite, Apt. #, etc.: Sunvest Management, Inc.	26 Suite, Apt. #, etc.: Sunvest Management, Inc.
22 City & State: 441 So State Road 7, Ste 4	27 City & State: 441 South State Rd 7, Ste 4
23 Margate, FL	28 Margate, FL
24 Zip: 33068 25 Country: Broward	29 Zip: 33068 30 Country: Broward

9. Name and Address of Current Registered Agent

SUNVEST MANAGEMENT SERVICE CORPORATION
1100 S. STATE RD. 7, STE. 100
MARGATE FL 33068

10. Name and Address of New Registered Agent

81 Name: SUNVEST MANAGEMENT, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 441 SOUTH STATE ROAD SEVEN, STE 4
83
84 City: MARGATE FL 85 Zip Code: 33068

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: Mitchell Crawford — Sheldon Goldberg (NOTE: Registered Agent signature required when reinstating) — DATE: 3/12/96
(Signature, typed or printed name of registered agent and title if applicable)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	CRAWFORD, MITCHELL		1.2 NAME	GREENE, ELYSE	
STREET ADDRESS	6073 N.W. 3RD STREET		1.3 STREET ADDRESS	6004 NW 3rd Street	
CITY-ST-ZIP	MARGATE FL		1.4 CITY-ST-ZIP	Margate, FL 33063	
TITLE	TD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	WADE, BRIAN		2.2 NAME	WEINSTEIN, EVAN	
STREET ADDRESS	6006 NW 3 ST.		2.3 STREET ADDRESS	6086 NW 3rd Street	
CITY-ST-ZIP	MARGATE FL		2.4 CITY-ST-ZIP	Margate FL 33063	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	D'ATTILE, GREG		3.2 NAME	VIGILANTE, JANET	
STREET ADDRESS	6039 NW 3 ST		3.3 STREET ADDRESS	2175 SW 46 Ave. Apt 1715	
CITY-ST-ZIP	MARGATE FL		3.4 CITY-ST-ZIP	Pompano Beach, FL	
TITLE	D	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	STONE, LOUIS		4.2 NAME	ROBINSON, LLOYD	
STREET ADDRESS	6025 NW 3 ST.		4.3 STREET ADDRESS	6028 NW 3rd Street	
CITY-ST-ZIP	MARGATE FL		4.4 CITY-ST-ZIP	Margate, FL	
TITLE	VD	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	WEAVER, SANDY		5.2 NAME	FOREMEN, BERLE	
STREET ADDRESS	6032 NW 3 ST		5.3 STREET ADDRESS	6016 NW 3rd Street	
CITY-ST-ZIP	MARGATE FL		5.4 CITY-ST-ZIP	Margate, FL	
TITLE		☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME			6.2 NAME	FORMAN, BERYL	
STREET ADDRESS			6.3 STREET ADDRESS	6016 NW 3 Street	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Margate, FL	

CR2E037 (12/95)

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: Elyse Greene President — 4.12.96 — (954) 972-2446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Elyse Greene, President