


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

03-11-1999 90204 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07289

1. Corporation Name

SUNSET COLONY TENANTS ASSOCIATION, INC.

Principal Place of Business

% 2400 W BROWARD BLVD
LOT 1235
FT. LAUDERDALE FL 33312
US

Mailing Address

% 2400 W BROWARD BLVD
LOT 1235
FT. LAUDERDALE FL 33312
US



222610 - 90204 - 46

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 % 2400 W. BROWARD BLVD	26 % 2400 W. BROWARD BLVD	01/24/1985
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 LOT 925	27 LOT 901	NOT APPLICABLE
City & State	City & State	Applied For
23 FT LAUDERDALE FL	28 FT LAUDERDALE FL	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
24 33312	29 33312	\$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25 U.S.	30 U.S.	Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MERCIER, PIERRE
2400 W BROWARD BLVD
LOT 705
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name	CAMPEAU ROSE
82 Street Address (P.O. Box Number is Not Acceptable)	2400 W. BROWARD BLVD
83	LOT 901
84 City	FT LAUDERDALE FL
85 Zip Code	33312

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

Rose Campeau

(NOTE: Registered Agent signature required when reinstating)

3/8/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBOIS, BERNARD	1.2 NAME	DESJARDINS JACQUES
STREET ADDRESS	2400 W BROWARD BLVD, LOT 1235	1.3 STREET ADDRESS	2400 W. BROWARD BLVD, LOT 925
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROULX, ROGER	2.2 NAME	MORISSETTE JACQUELINE
STREET ADDRESS	2400 BROWARD BLVD, LOT 1520	2.3 STREET ADDRESS	2400 W BROWARD BLVD LOT 717
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINIER, LPIERRETTE	3.2 NAME	RICHER NOEL
STREET ADDRESS	2400 WEST BROWARD BLVD #1804	3.3 STREET ADDRESS	2400 W BROWARD BLVD, LOT 1804
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T.D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCIER, PIERRE	4.2 NAME	CAMPEAU ROSE
STREET ADDRESS	2400 W BROWARD BLVD 901	4.3 STREET ADDRESS	2400 W. BROWARD BLVD, LOT 901
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIUSLARD, GERMAINE	5.2 NAME	COTE ANDRE
STREET ADDRESS	2400 WEST BROWARD BLVD #704	5.3 STREET ADDRESS	2400 W. BROWARD BLVD LOT 725
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEUNIER, JEAN	6.2 NAME	LAMARRE JEAN-CLAUDE
STREET ADDRESS	2400 W BROWARD BLVD, LOT 602	6.3 STREET ADDRESS	2400 W. BROWARD BLVD LOT 704
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	FT LAUDERDALE FL

14. 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 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, with all other like empowered.

SIGNATURE:

Rose Campeau

3/8/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)