FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:47

DOCUMENT # N09128 (2)

1. Corporation Name

SUNSET CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1096 SUNSET STRIP SUNRISE FL 33313	1096 SUNSET STRIP SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1985
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0027952 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

GRIFFITH, W.R.
1096 SUNSET STRIP
SUNRISE FL 33313

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, 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 607.0505 Florida Statutes.

SIGNATURE: W. R. Griffith 3-23-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	GEARY, WILLIAM W JR	12 NAME		
STREET ADDRESS	1096 SUNSET STRIP	13 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	14 CITY-ST-ZIP		
TITLE	~~VD~~	21 TITLE	SECRETARY-TREASURER-DIRECTOR	☐ Change ☐ Addition
NAME	GRIFFITH, W R	22 NAME	GRIFFITH, W.R.	
STREET ADDRESS	1096 SUNSET STRIP	23 STREET ADDRESS	1096 SUNSET STRIP	
CITY-ST-ZIP	SUNRISE FL	24 CITY-ST-ZIP	SUNRISE, FL 33313	
TITLE	~~STD~~	31 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	~~CHANG MARIA I~~	32 NAME	BARBARA BARCLIFT	
STREET ADDRESS	~~2800 26TH STREET STE 222~~	33 STREET ADDRESS	1096 SUNSET STRIP	
CITY-ST-ZIP	~~SANTA MONICA CA~~	34 CITY-ST-ZIP	SUNRISE, FL 33313	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: W. R. Griffith 3-23-95 (305) 792-5111
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
W. R. Griffith, Secretary-Treasurer

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