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

APPROVED AND FILED
95 APR 11 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14671 (4)

1. Corporation Name
GOLD KEY CIVIC ASSOCIATION/SUNRISE POLITICAL CLUB INC.

Principal Place of Business	Mailing Address
SUITE 204 8280 SUNRISE LAKES BOULEVARD SUNRISE FL 33322	SUITE 204 8280 SUNRISE LAKES BOULEVARD SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0417600 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSEN, JOSEPH T
8280 SUNRISE LAKES BOULEVARD
SUNRISE FL 33322

10. Name and Address of New Registered Agent

81 Name
800001454018
-04/12/95--01021--015
****150.00 ****130.00
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 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: Joseph T. Rosen DATE
Signature, typed or printed name of registered agent and date. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSEN, JOSEPH T	1.2 NAME	No change
STREET ADDRESS	8280 SUNRISE LAKES BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33322	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	KEANE, ROBERT M	2.2 NAME	No change
STREET ADDRESS	9341 NW 25 CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSEN, RAY	3.2 NAME	No change
STREET ADDRESS	8280 SUNRISE LAKES BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33322	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HELFEN, BLANCHE	4.2 NAME	No change
STREET ADDRESS	2320 NW 81 TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	VALENTI, RICHARD	5.2 NAME	No change
STREET ADDRESS	3200 NW 97 AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ELSENSON, YALE	6.2 NAME	No change
STREET ADDRESS	9351 NW 25 CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	6.4 CITY-ST-ZIP	

4/11/95 MS

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: Joseph T. Rosen 2/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

Joseph T. Rosen

0044000