

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 # **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
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3. Date incorporated or Qualified **04/30/1986** 3a. Date of Last Report **04/11/1995**
4. FEI Number **65-0417600** 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. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
ROSEN, JOSEPH T
8280 SUNRISE LAKES BOULEVARD
SUNRISE FL 33322
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 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 617.0502, Florida Statutes.

SIGNATURE: *Joseph T. Rosen* DATE: **2/12/96**
(Signature required for principal name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, JOSEPH T	1.2 NAME	
STREET ADDRESS	8280 SUNRISE LAKES BOULEVARD	1.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33322	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEANE, ROBERT M	2.2 NAME	
STREET ADDRESS	9341 NW 25 CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, RAY	3.2 NAME	
STREET ADDRESS	8280 SUNRISE LAKES BOULEVARD	3.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33322	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELFEN, BLANCHE	4.2 NAME	
STREET ADDRESS	2320 NW 81 TERR	4.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTI, RICHARD	5.2 NAME	
STREET ADDRESS	3200 NW 97 AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSENSEN, YALE	6.2 NAME	
STREET ADDRESS	9351 NW 25 CT.	6.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL	6.4 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)(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: *Joseph T. Rosen* DATE: **2/12/96** DAYTIME PHONE #: **741-8637**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)