

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 CLU
B INC.

Principal Place of Business

SUITE 204
8280 SUNRISE LAKES BOULEVARD
SUNRISE FL 33322

Mailing Address

SUITE 204
8280 SUNRISE LAKES BOULEVARD
SUNRISE FL 33322



3. Date Incorporated or Qualified
04/30/1986

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME ROSEN, JOSEPH T
STREET ADDRESS 8280 SUNRISE LAKES BOULEVARD
CITY-ST-ZIP SUNRISE FL 33322

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME KEANE, ROBERT M
STREET ADDRESS 9341 NW 25 CT.
CITY-ST-ZIP SUNRISE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME ROSEN, RAY
STREET ADDRESS 8280 SUNRISE LAKES BOULEVARD
CITY-ST-ZIP SUNRISE FL 33322

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME HELFEN, BLANCHE
STREET ADDRESS 2320 NW 81 TERR
CITY-ST-ZIP SUNRISE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME VALENTI, RICHARD
STREET ADDRESS 3200 NW 97 AVE.
CITY-ST-ZIP SUNRISE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME ELSENSON, YALE
STREET ADDRESS 9351 NW 25 CT.
CITY-ST-ZIP SUNRISE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

Date

741-8637

Daytime Phone #

CR2E037 (12/95)