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Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

SUITE 204
8280 SUNRISE LAKES BOULEVARD
SUNRISE FL 33322SUITE 204
8280 SUNRISE LAKES BOULEVARD
SUNRISE FL 33322-15073. Date Incorporated or Qualified
04/30/19863a. Date of Last Report
02/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0417600Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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 617.0503, Florida Statutes.

SIGNATURE

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 P
NAME ROSEN, JOSEPH T
STREET ADDRESS 8280 SUNRISE LAKES BOULEVARD
CITY-ST-ZIP SUNRISE FL 333221.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE T
NAME KEANE, ROBERT M
STREET ADDRESS 9341 NW 25 CT.
CITY-ST-ZIP SUNRISE FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D
NAME ROSEN, RAY
STREET ADDRESS 8280 SUNRISE LAKES BOULEVARD
CITY-ST-ZIP SUNRISE FL 333223.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D
NAME HELFEN, BLANCHE
STREET ADDRESS 2320 NW 81 TERR
CITY-ST-ZIP SUNRISE FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE VP
NAME VALENTI, RICHARD
STREET ADDRESS 3200 NW 97 AVE.
CITY-ST-ZIP SUNRISE FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D
NAME ELSENSON, YALE
STREET ADDRESS 9351 NW 25 CT.
CITY-ST-ZIP SUNRISE FL6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0036971

CR2E037 (9/96)