

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995 5-1-95



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

APPROVED  
AND  
FILED

95 MAY - 1 PM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N31505 (3)**  
1. Corporation Name  
**SUNSET SPRINGS MAINTENANCE ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**% THE CONTINENTAL GROUP** **% THE CONTINENTAL GROUP**  
1067 SW 154TH AVENUE (SHOTGUN RD) 1067 SW 154TH AVENUE (SHOTGUN RD)  
FT LAUDERDALE FL 33326 FT LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/04/1989</b>	3a. Date of Last Report <b>02/28/1994</b>
4. FEI Number <b>65-0107022</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$6.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**SKRLD, INC.**  
**201 ALHAMBRA CIR**  
**SUITE 1102**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>LEWIS, RICHARD</b>
STREET ADDRESS	<b>1214 WATERVIEW CT.</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>VPD</b>
NAME	<b>MCKENNA, MYRA</b>
STREET ADDRESS	<b>800 HAMPTON CT.</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>SD</b>
NAME	<b>LANG, JEFF</b>
STREET ADDRESS	<b>879 ANSLEY CT</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>D</b>
NAME	<b>ALEXANDROWICZ, JEFF</b>
STREET ADDRESS	<b>1257 TERRYSTONE CT.</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>D</b>
NAME	<b>ERIC LITTLEJOHN</b>
STREET ADDRESS	<b>844 HAMPTON COURT</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL. 33326</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(h), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeff A. Lang* *Eric Littlejohn* *4/25/95* *305 764 8158*  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_