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Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000592 (6)

1. Corporation Name

SUNBIRD CLUB OF AZTEC ESTATES INC.



Principal Place of Business

Mailing Address

C/O GISELE DESILETS
115 SUNDIAL CIRCLE A
MARGATE FL 33068
USC/O GISELE DESILETS
115 SUNDIAL CIRCLE A
MARGATE FL 33068
US3. Date Incorporated or Qualified
02/03/19933a. Date of Last Report
03/15/1996

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

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4. FEI Number
52-1821988Applied 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

DESILETS, GISELE
115 SUNDIAL CIRCLE A
MARGATE FL 33068

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 PD
NAME BERGERON, COME
STREET ADDRESS 108 SOUTH CORTEZ CIRCLE "T"
CITY-ST-ZIP MARGATE FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VPD
NAME REGIMBALD, LAURENT
STREET ADDRESS 111 NORTH CORTEZ CIRCLE C
CITY-ST-ZIP MARGATE FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE SD
NAME CAQUETTE, GISELE
STREET ADDRESS 107 SOUTH CORTEZ CIRCLE L
CITY-ST-ZIP MARGATE FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD
NAME DESILETS, GISELE
STREET ADDRESS 115 SUNDIAL CIRCLE A
CITY-ST-ZIP MARGATE FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME LECESSE, WILLIAM
STREET ADDRESS 13 SUNDIAL DR
CITY-ST-ZIP MARGATE FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D
NAME LECESSE, WILLIAM
STREET ADDRESS 13 SUNDIAL DRIVE
CITY-ST-ZIP MARGATE 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

March 8, 1997 954-979-0570

Date

Daytime Phone # 0078220

CR2E037 (9/96)