

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 06 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000000023 (9)  
 1. Corporation Name  
 N.W. 29TH STREET HOMEOWNERS ASSOCIATION OF SUNRISE INC.

Principal Place of Business Mailing Address  
 12250 N.W. 29TH STREET 12250 N.W. 29TH STREET  
 SUNRISE FL 33323 SUNRISE FL 33323



DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified 01/02/1996  
 3a. Date of Last Report

21. Principal Office Suite, Apt. #, etc.  
 22. City & State  
 23. Zip Country  
 24. Zip Country  
 25. Zip Country  
 26. Mailing Address Suite, Apt. #, etc.  
 27. City & State  
 28. Zip Country  
 29. Zip Country  
 30. Zip Country

4. FEI Number 65-063783Z  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 GRANNIS, WILLIAM E  
 12250 N.W. 29TH STREET  
 SUNRISE FL 33323

10. Name and Address of New Registered Agent  
 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-D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANNIS, WILLIAM E	1.2 NAME	<del>GRANNIS, WILLIAM E</del>
STREET ADDRESS	12250 N.W. 29TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323	1.4 CITY-ST-ZIP	
TITLE	V-D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAINE, SERGE	2.2 NAME	
STREET ADDRESS	11340 NW 29 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S-T-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERA, VICTORIA	3.2 NAME	KATRINE MCKELVEY
STREET ADDRESS	12370 NW 29 ST.	3.3 STREET ADDRESS	11650 N.W. 29 ST
CITY-ST-ZIP	SUNRISE FL 33323	3.4 CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KREISLER, BETH	4.2 NAME	ERITZ, DEMORCY
STREET ADDRESS	11440 NW 29 ST.	4.3 STREET ADDRESS	11400 N.W. 29 ST
CITY-ST-ZIP	SUNRISE FL 33323	4.4 CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	JOYCE JACK
STREET ADDRESS		5.3 STREET ADDRESS	11460 N.W. 29 ST.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	MAX BEST
STREET ADDRESS		6.3 STREET ADDRESS	11620 N.W. 29 ST
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SUNRISE, FL 33323

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 WILLIAM E GRANNIS

CR2E037 (4/97)