

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 96 000 000023

07-13-2000 90013 016 ****61.25

1. Entity Name
**N.W. 29TH STREET HOMEOWNERS ASSOCIATION OF
 SUNRISE INC.**

FILED

00 JUL 13 AM 10:39

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**12250 NW 29TH ST
 SUNRISE FL 33323**

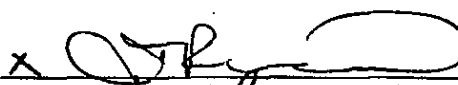
2. Principal Place of Business 3. Mailing Address
2822 NW 111 AVE 2822 NW 111 AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SUNRISE FL SUNRISE FL
 Zip Country Zip Country
33322 33322

4. FEI Number Applied For
65 0637832 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional
 Fee Required

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

7. Name and Address of New Registered Agent
 Name **JEFF RYAN**
 Street Address (P.O. Box Number is Not Acceptable)
2822 NW 111 AVE
 City **SUNRISE** FL Zip Code **33322**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE  **JEFFREY T. RYAN P-D July 4-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW
 FEES \$6125**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-D GRANNIS, WILLIAM E 12250 NW 29 ST SUNRISE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-D BLAINE SERGE 11340 NW 29 ST SUNRISE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-D JEFF RYAN 2822 NW 111 AVE SUNRISE - FL-33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-D STEVE LIM 8690 NW 24 CT SUNRISE - FL -33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-D BARBARA MERKEL 11145 NW 26 PL SUNRISE FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-D CHRISTINE PARDO 10905 NW 26 PL SUNRISE FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T-D JOYCE WADIN 11015 NW 27 ST SUNRISE FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **STEVE LIM V-D** **July 4-2000** **9547233725**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

7/18