

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 96 000 000023

1. Entity Name

N.W. 29TH STREET HOMEOWNERS ASSOCIATION OF
SUNRISE INC.

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

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 2822 NW 111 AVE
Suite, Apt. #, etc.

3. Mailing Address 2822 NW 111 AVE
Suite, Apt. #, etc.

City & State Zip Country
SUNRISE FL 33322

4. FEI Number 65 0637832
☒ Applied For
☐ 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 A-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
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 4-2000 9547233724
Date Daytime Phone #

CR2E037 (9/99)

7/18