

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90129 027 \*\*\*\*61.25

**DOCUMENT # 723912**

1. Entity Name

**SUNRISE TOWNE PREFERRED CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

% PHOENIX MANAGEMENT  
 541 S. STATE RD. 7 #12  
 MARGATE FL 33068  
 US

% PHOENIX MANAGEMENT  
 541 S. STATE RD. 7 #12  
 MARGATE FL 33068  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1432011 59 2 20 9173**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHOENIX MANAGEMENT SERVICES INC.**  
**541 S STATE RD. 7 STE. 12**  
**MARGATE FL 33068**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
 NAME: MYERS, ANDREA  Delete  
 STREET ADDRESS: 5967 NW 29 ST.  
 CITY-ST-ZIP: SUNRISE FL 33313

TITLE: D  
 NAME: PARELIS MARQUEZ  Change  Addition  
 STREET ADDRESS: 5950 NW 25th ST  
 CITY-ST-ZIP: SUNRISE FL 33313

TITLE: D  
 NAME: KEATING, JOHN  Delete  
 STREET ADDRESS: 5505 PEMBROKE RD  
 CITY-ST-ZIP: HOLLYWOOD FL 33021

TITLE: D  
 NAME: LOUIS-JEAN GUESNEL  Change  Addition  
 STREET ADDRESS: 5950 NW 25th PL  
 CITY-ST-ZIP: SUNRISE FL 33313

TITLE: D  Delete  
 NAME: BUSTIEN, JEAN  
 STREET ADDRESS: 2679 NW 60TH WAY  
 CITY-ST-ZIP: SUNRISE FL 33313

TITLE: VP  
 NAME: NADIA JOHNSON  Change  Addition  
 STREET ADDRESS: 5952 28th ST  
 CITY-ST-ZIP: SUNRISE FL 33313

TITLE: TSD  Delete  
 NAME: JACKSON, DRU W  
 STREET ADDRESS: 5955 NW 25 CT.  
 CITY-ST-ZIP: SUNRISE FL 33313

TITLE: SD  Change  Addition  
 NAME: SD  
 STREET ADDRESS: SD  
 CITY-ST-ZIP: SD

TITLE: D  Delete  
 NAME: SMITH, FRED  
 STREET ADDRESS: 5951 NW 25TH CT  
 CITY-ST-ZIP: SUNRISE FL 33313

TITLE: TD  Change  Addition  
 NAME: NERREEN MARTIN  
 STREET ADDRESS: 5958 N.W. 25th PL.  
 CITY-ST-ZIP: SUNRISE FL 33313

TITLE: VP  Delete  
 NAME: GRAHAM, TRINA  
 STREET ADDRESS: 5976 NW 25TH CT  
 CITY-ST-ZIP: SUNRISE FL 33313

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  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: *Shirley West Johnson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-02 954 746-7445

CR2E037 (9/01)

723912



Department of the Treasury  
Internal Revenue Service  
OGDEN UT 84201-0038

Date of this notice: FEB. 18, 2002  
Taxpayer Identifying Number Form: 2363

Tax Period: 59-2209173

For assistance you may call us at:

1-800-829-1040

Or you may write to us at the address shown at the left. If you write, be sure to attach the bottom part of this notice.



SUNRISE TOWN PREFERRED CAI  
541 S STATE ROAD 7 STE 12  
MARGATE FL 33068-1711127

EIN-ASSIGNED IN-ERROR

OUR RECORDS INDICATE WE HAVE INCORRECTLY ASSIGNED MORE THAN ONE EMPLOYER IDENTIFICATION NUMBER TO YOU. THE NUMBER SHOWN ABOVE IS YOUR CORRECT ONE. THE FOLLOWING NUMBER HAS BEEN INCORRECTLY ASSIGNED:  
65-1134415

WE WILL TRANSFER ANY PAYMENTS OR RETURNS TO YOUR ACCOUNT UNDER THE CORRECT EMPLOYER IDENTIFICATION NUMBER.

PLEASE USE THE CORRECT NUMBER AND ACCOUNT NAME, EXACTLY AS SHOWN ABOVE, ON BUSINESS TAX RETURNS, PAYMENTS, PAYMENTS MADE ELECTRONICALLY, AND RELATED CORRESPONDENCE.

PLEASE DESTROY ANY FEDERAL TAX DEPOSIT COUPON BOOKS THAT SHOW THE INCORRECT EMPLOYER IDENTIFICATION NUMBER.

IF YOU DEPOSIT ELECTRONICALLY, PLEASE VERIFY THAT YOUR EIN IS CORRECT BEFORE MAKING YOUR DEPOSIT WITH THE FINANCIAL INSTITUTION DESIGNATED TO PROCESS YOUR ELECTRONIC FUNDS TRANSFER (EFT) TAX PAYMENTS.

WE APOLOGIZE FOR ANY INCONVENIENCE WE MAY HAVE CAUSED YOU, AND THANK YOU FOR YOUR COOPERATION.

RECEIVED  
FEB 19 2002

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in on telephone calls.

Keep this part for your records

Overlay 5 Form 8489 (Rev.8-91)

Return this part to us with your check or inquiry

Your telephone number  
( ) -

Best time to call

