## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 723912**

1. Entity Name

## SUNRISE TOWNE PREFERRED CONDOMINIUM, INC.



Apr 03, 2003 8:00 am Secretary of State 04-03-2003 90138 039 \*\*\*\*61.25

**FILED** 

Principal Place of Business % PHOENIX MANAGEMENT 541 S. STATE RD. 7 #12 MARGATE FL 33068 Mailing Address

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

US

2. Principal Place of Business	3. Mailing Address
•	



Suite, Apt.	", etc. U STATE RATE RATE ESSO	Suite, Apt. #, etc.	RD7 E	, <b>2</b> 5a	<b>∠</b> c⊦	HECK HERE IF MAK	ING CHANGES		
City & State	•	City & State			4. FEI Number 59-	2209173	Ар	plied For	
ZONA.	EDALE LAKES TL	LAYDERDALE	. TK2 i	FL	•		No	t Applicable	
Zip	G Country	33310	Country 4		5. Certificate of Stat	us Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current F	Registered Agent			7. Name and Addre	ss of New Register	ed Agent		
PHOENIX MANAGEMENT SERVIES INC. 541 S STATE RD. 7 STE. 12 MARGATE FL 33068			478	Street Address (P.O. Box Number is Not Acceptable)  4780 N STATE ROAD 7 E 250					
			City	SITY	NIE LANE	.a. F		210	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE									
	Signature, typed or printed name of registered agent are	nd title if applicable. (NOTE: Re	egistered Agent signati	ure required v	when reinstating)	DAT	Œ	ſ	
	FILE NOW: FEE IS \$61.25	9. Election Campa Trust Fund Con	-		\$5.00 May Be Added to Fees		eck Payable partment of S		
10.	OFFICERS AND DIR	ECTORS	11.	А	DDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	10	
NAME STREET ADORESS	PD MYERS, ANDREA 5967 NW 29 ST. SUNRISE FL 33313	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME	D KEATING, JOHN 5505 PEMBROKE RD	☐ Delete	TITLE NAME STREET ADDRESS			\	☐ Chaпge	Addition	
CITY-ST-ZIP	HOLLYWOOD FL 33021	موجد مراجع المراجع الم	_CITY_ST-ZIP	ـ ــــــــــــــــــــــــــــــــــــ	المحاج المحاجات للمحاج	المعالج ليسردون	ومعدات المستحد	٠	
STREET ADDRESS	D MARGUES, ARELIS 5950 NW 28TH ST SUNRISE FL 33313	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
NAME STREET ADDRESS	SD JACKSON, DRU W 5955 NW 25 CT. SUNRISE FL 33313	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
NAME STREET ADDRESS	D QUESNEL, LOUIS J 5950 NW 85TH PL SUNRISE FL 33313	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		HY BUTT. GNW 25 RISE FL		<b>⊠</b> Change	Addition	
TITLE NAME STREET ADDRESS	TD MARTIN, NEREEN 5958 NW 25TH PL SUNRISE FL 33313	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	70 759	FKITAL F9 N.W. 1 RISE FL. 3	N 7 Il. Pl	<b>⊠</b> 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:

PRUSINESTICIA EXECUNE Con fection

3-31-03 4224

CRZE