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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **729230** (3)  
1. Corporation Name  
**SUNRISE LAKES CONDOMINIUM APTS., INC. 5**

Principal Place of Business Mailing Address  
8133 SUNRISE LAKES BLVD  
SUNRISE FL 33322 8133 SUNRISE LAKES BLVD  
SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/03/1974** 3a. Date of Last Report **02/04/1994**

4. FEI Number **59-1570904** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**KLEIN, LOUIS I**  
**8200 SUNRISE LKS BLVD**  
**APT 110**  
**SUNRISE FL 33322**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City

10. Name and Address of New Registered Agent

85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TENNENBAUM, EDWIN	1.2 NAME	
STREET ADDRESS	8200 SUNRISE LAKES BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOBIN, HELEN	2.2 NAME	
STREET ADDRESS	8135 SUNRISE LAKES BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YURMAN, ABE	3.2 NAME	
STREET ADDRESS	8130 SUNRISE LAKES BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDENAUER, JEAN	4.2 NAME	Marcus, Al
STREET ADDRESS	8220 SUNRISE LAKES BLVD.	4.3 STREET ADDRESS	8435 Sunrise Lks Blvd.
CITY-ST-ZIP	SUNRISE, FL 00000	4.4 CITY-ST-ZIP	Sunrise, Fla. 33322
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERBER, MAX	5.2 NAME	
STREET ADDRESS	8505 SUNRISE LKS BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, LOUIS I	6.2 NAME	
STREET ADDRESS	8200 SUNRISE LKS BLVD APT 110	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:  **Louis I. Klein** 3/14/95 305-741-1330