

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 729230 (3)

1. Corporation Name  
**SUNRISE LAKES CONDOMINIUM APTS., INC. 5**



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

3. Date Incorporated or Qualified: 04/03/1974  
3a. Date of Last Report: 03/21/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes (checked) No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New 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  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

**12. OFFICERS AND DIRECTORS**

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | VD                            | <input type="checkbox"/> DELETE |
| NAME           | TENNENBAUM, EDWIN             |                                 |
| STREET ADDRESS | 8280 SUNRISE LAKES BLVD       |                                 |
| CITY-ST-ZIP    | SUNRISE, FL 00000             |                                 |
| TITLE          | DS                            | <input type="checkbox"/> DELETE |
| NAME           | SLOBIN, HELEN                 |                                 |
| STREET ADDRESS | 8135 SUNRISE LAKES BLVD       |                                 |
| CITY-ST-ZIP    | SUNRISE, FL 00000             |                                 |
| TITLE          | VD                            | <input type="checkbox"/> DELETE |
| NAME           | YURMAN, ABE                   |                                 |
| STREET ADDRESS | 8130 SUNRISE LAKES BLVD       |                                 |
| CITY-ST-ZIP    | SUNRISE, FL 00000             |                                 |
| TITLE          | TD                            | <input type="checkbox"/> DELETE |
| NAME           | MARCUS, AL                    |                                 |
| STREET ADDRESS | 8435 SUNRISE LKS BLVD         |                                 |
| CITY-ST-ZIP    | SUNRISE, FL 00000             |                                 |
| TITLE          | TD                            | <input type="checkbox"/> DELETE |
| NAME           | GERBER, MAX                   |                                 |
| STREET ADDRESS | 8595 SUNRISE LKS BLVD         |                                 |
| CITY-ST-ZIP    | SUNRISE, FL 00000             |                                 |
| TITLE          | PD                            | <input type="checkbox"/> DELETE |
| NAME           | KLEIN, LOUIS I                |                                 |
| STREET ADDRESS | 8200 SUNRISE LKS BLVD APT 110 |                                 |
| CITY-ST-ZIP    | SUNRISE, FL 00000             |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 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 119.07(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: \_\_\_\_\_ Date: 3/12/96 Daytime Phone # \_\_\_\_\_

CR2E037 (12/95)