FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # 1. Corporation Name

729230

(3)

SUNRISE LAKES CONDOMINIUM APTS., INC. 5

Principal Place of Business		Mailing Address	Mailing Address) (WWIII ENGIN IING ANII ANII ANII ANII ANII ANII) (MATIN ERGEN TIMEN TALEN TIMEN STATE WATER MINISTER OF MINISTER WATER WATER WATER WATER WATER WATER	
8133 SUNRISE SUNRISE FL 33		8133 SUNRISE LAKES B SUNRISE FL 33322-1533						
						 Date Incorporated or Qualified 04/03/1974 	3a. Date of Last Report 03/20/1996	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 59-1570904	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State			***	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip		Country		8. This corporation has liability for in	tangible tax under s. 199.032,	
24	25	29	30			Florida Statutes	Yes No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
				B1	Name			
KLEIN, LOUIS I					Stroot A	Address (P.O. Box Number is Not Acceptable	۵)	
8200 SUNRISE LKS BLVD				اتا	00000	addition to post runnos is 1400 Accoptable	o,	
APT 110				83				
SUNRISE FL 33322				اجرا	-			
				84	City		FL 85 Zip Code	
11. Pursuant office or agent. La	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 617.1508, Florida State of Florida. Such change wa pations of, Section 617.0503,	tutes, th s autho Florida	ne above rized by Statutes	-named the corp	corporation submits this statement for the pu oration's board of directors, I hereby accep	roose of changing its registered	
SIGNATURE								
	Signature, typed or printed name of registered ag				nt signature	required when reinstaling)	DAYE	
12.		ID DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE			1.1 TITLE			Change Addition		
NAME	12(1)2(10)(1)(1)			1.2 NAME				
STREET ADDRESS				1.3 STREET	- 1			
CiTY-ST-ZIP	SUNRISE, FL 00000			1.4 CITY-S	T-ZIP			
TITLE	55			1 7		DS	Change Addition	
NAME	SLOBIN, HELEN			2.2 NAME		KOZAK, HENRY		
STREE1 ADDRESS				2.3 STREET		8500 Sunrise Lakes	Blvd.	
CITY - ST - 7IP	SUNRISE, FL 00000			2. 4 CITY-5	T-ZIP	Sunrise, FL 33322		
TITLE	VD	☐ DELETE	1	3.1 TITLE			☐ Change ☐ Addition	
NAME	YURMAN, ABE]	3.2 NAME				
STREET ADDRESS	1 - 1		1	3.3 STREET	ADDRESS			
CITY . 01 . 21P	SUNRISE EL 00000		1	34 City. 9	T 710			

SUNRISE, FL 00000 6.4 CITY-ST-ZIP CITY - ST - ZIP 14. I do 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 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

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TD

TD

PD

MARCUS, AL

GERBER, MAX

KLEIN, LOUIS I

8435 SUNRISE LKS BLVD

8595 SUNRISE LKS BLVD

8200 SUNRISE LKS BLVD APT 110

SUNRISE, FL 00000

SUNRISE, FL 00000

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

DELETE

Daytime Phone # 0036972

Change

Addition

■ Addition

Addition

FILED

Feb 27 1997 8:00am

Secretary of State