

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

**FILED**

**Mar 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729230 (3)**

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

Principal Place of Business <b>8133 SUNRISE LAKES BLVD SUNRISE FL 33322</b>	Mailing Address <b>8133 SUNRISE LAKES BLVD SUNRISE FL 33322</b>
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3. Date Incorporated or Qualified <b>04/03/1974</b>		
4. FEI Number <b>59-1570904</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name <b>Henry F. Kozak</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>8500 Sunrise Lks Blvd.</b>	
83 <b>Apt. 312</b>	
84 City <b>Sunrise</b>	85 Zip Code <b>FL 33322</b>

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: *Henry F. Kozak* DATE: **3/19/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>TENNENBAUM, EDWIN</b>		1.2 NAME <b>LEO ROTH</b>
STREET ADDRESS <b>8280 SUNRISE LAKES BLVD</b>		1.3 STREET ADDRESS <b>8465 Sunrise Lks Blvd.</b>
CITY-ST-ZIP <b>SUNRISE, FL 00000</b>		1.4 CITY-ST-ZIP <b>Sunrise, FL 33322</b>
TITLE <b>DS</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KOZAK, HENRY</b>		2.2 NAME <b>Henry Kozak</b>
STREET ADDRESS <b>8500 SUNRISE LAKES BLVD</b>		2.3 STREET ADDRESS <b>8500 Sunrise Lks Blvd.</b>
CITY-ST-ZIP <b>SUNRISE, FL 00000</b>		2.4 CITY-ST-ZIP <b>Sunrise, FL 33322</b>
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>YURMAN, ABE</b>		3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>8130 SUNRISE LAKES BLVD</b>		3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <b>SUNRISE, FL 00000</b>		3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARCUS, AL</b>		4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>8435 SUNRISE LKS BLVD</b>		4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <b>SUNRISE, FL 00000</b>		4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GERBER, MAX</b>		5.2 NAME <b>Mildred Ponier</b>
STREET ADDRESS <b>8595 SUNRISE LKS BLVD</b>		5.3 STREET ADDRESS <b>8600 Sunrise Lks Blvd.</b>
CITY-ST-ZIP <b>SUNRISE, FL 00000</b>		5.4 CITY-ST-ZIP <b>Sunrise, FL 33322</b>
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>DS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KLEIN, LOUIS I</b>		6.2 NAME <b>Barry Rosenbaum</b>
STREET ADDRESS <b>8200 SUNRISE LKS BLVD APT 110</b>		6.3 STREET ADDRESS <b>8135 Sunrise Lks Blvd.</b>
CITY-ST-ZIP <b>SUNRISE, FL 00000</b>		6.4 CITY-ST-ZIP <b>Sunrise, FL 33322</b>

14. 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 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: *Henry F. Kozak* DATE: **3/19/98**

CP2E037 (10/97)