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**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90109 009 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729230**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/03/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1570904
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**KOZAK, HENRY F**  
**8500 SUNRISE LAKES BLVD**  
**APT 312**  
**SUNRISE FL 33322**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 *Henry F. Kozak* DATE **1-7-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROTH, LEO	
STREET ADDRESS	8465 SUNRISE LAKES BLVD	
CITY-ST-ZIP	SUNRISE, FL 00000 33322	
TITLE	PDQQ	<input type="checkbox"/> DELETE
NAME	KOZAK, HENRY	
STREET ADDRESS	8500 SUNRISES LAKES BLVD	
CITY-ST-ZIP	SUNRISE, FL 00000 33322	
TITLE	VD	<input checked="" 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	POINER, MILDRED	
STREET ADDRESS	8600 SUNRISE LAKES BLVD	
CITY-ST-ZIP	SUNRISE, FL 00000 33322	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ROSENBAUM, BARRY	
STREET ADDRESS	8135 SUNRISE LAKES BLVD	
CITY-ST-ZIP	SUNRISE, FL 00000 33322	

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	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROMANO, NICK
3.3 STREET ADDRESS	8220 Sunrise Lks Blvd.
3.4 CITY-ST-ZIP	Sunrise, FL 33322
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	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PONIER, MILDRED
5.3 STREET ADDRESS	8600 Sunrise Lks Blvd.
5.4 CITY-ST-ZIP	Sunrise, FL 33322
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 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, with all other like empowered.

SIGNATURE: *Henry F. Kozak* SIGNATURE REQUIRED DATE: **1-7-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)