

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90052 019 ****61.25

DOCUMENT # 729230

1. Entity 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**

910232



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1570904

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IRVING GREENFIELD
 8465 SUNRISE LAKES BLVD, #307
 SUNRISE FL 33322**

Name

HENRY KOZAK

Street Address (P.O. Box Number is Not Acceptable)

8500 SUNRISE LAKES BLVD. #312

City

SUNRISE

FL

Zip Code
33322

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VD ROTH, LEO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8465 SUNRISE LAKES BLVD SUNRISE FL 33322	
TITLE NAME	PDQQ GREENFIELD, IRVING	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8465 SUNRISE LAKES BLVD, #307 SUNRISE FL 33322	
TITLE NAME	VD KOZAK, HENRY F	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8500 SUNRISE LAKES BLVD, #312 SUNRISE FL 33322	
TITLE NAME	TD MARCUS, AL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8435 SUNRISE LKS BLVD SUNRISE FL	
TITLE NAME	TD KAPLAN, MOE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8135 SUNRISE LAKES BLVD, #112 SUNRISE FL 33322	
TITLE NAME	DS MCCORMICK, MARY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8325 SUNRISE LAKES BLDV, #103 SUNRISE FL 33322	

TITLE NAME	VD NICHOLAS ROMANO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	8220 SUNRISE LAKES BLVD. #105 SUNRISE, FL 33322	
TITLE NAME	PDQQ KOZAK, HENRY F.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	8500 SUNRISE LAKES BLVD. #312 SUNRISE, FL 33322	
TITLE NAME	VD HUGH GREENBERG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	8100 SUNRISE LAKES BLVD. #111 SUNRISE, FL 33322	
TITLE NAME	TD MAX GERBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	8595 SUNRISE LAKES BLVD. #310 SUNRISE, FL 33322	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Henry F. Kozak* HENRY F. KOZAK

JAN. 26/01

954-741-1330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #