


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-02-2004 90039 012 ****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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1570904		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent KOZAK, HENRY 8133 SUNRISE LAKES BLVD SUNRISE FL 33322		7. Name and Address of New Registered Agent Name MARY McCORMICK Street Address (P.O. Box Number is Not Acceptable) 8133 SUNRISE LAKES BLVD. City SUNRISE FL Zip Code 33322	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mary E. McCormick* January 27, 2004
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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCORMICK, MARY 8325 SUNRISE LAKE BLVD., #103 SUNRISE FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD PURSER-Vice Pr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8285 Sunrise Lakes Blvd. #304 Sunrise, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDQQ KOZAK, HENRY F 8500 SUNRISE LAKES BLVD. #312 SUNRISE FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUGH GREENBERG -Vice Pr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8100 Sunrise Lakes Blvd. #111 Sunrise, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROTH, LEO 8465 SUNRISE LAKES BLVD., #211 SUNRISE FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIMI WENGROFF-Asst. Tr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8515 Sunrise Lakes Blvd. #103 Sunrise, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOMINGUEZ, SONIA 8305 SUNRISE LAKES BLVD., #211 SUNRISE FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary McCormick-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8325 Sunrise Lakes Blvd. #103 Sunrise, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAPLAN, MOE 8135 SUNRISE LAKES BLVD, #112 SUNRISE FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SILVER-HANKEN, EDNA 8510 SUNRISE LAKES BLVD., #103 SUNRISE FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mary McCormick* Mary McCormick Jan. 27/04 954-741-1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #