

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729230

FILED
Apr 30, 2009
Secretary of State

Entity Name: SUNRISE LAKES CONDOMINIUM APTS., INC. 5

Current Principal Place of Business:

8133 SUNRISE LAKES BLVD
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

8133 SUNRISE LAKES BLVD
SUNRISE, FL 33322

New Mailing Address:

FEI Number: 59-1570904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAVER, BARBARA
8133 SUNRISE LAKES BLVD
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRAVER, BARBARA
Address: 8110 SUNRISE LAKES BLVD.
City-St-Zip: SUNRISE, FL 33322

Title: 1VP () Delete
Name: SOLOMON, CINDI
Address: 8435 SUNRISE LAKES BLVD.
City-St-Zip: SUNRISE, FL 33322

Title: 2VP () Delete
Name: SILVER-HANKEN, EDNA
Address: 8510 SUNRISE LAKES BLVD.
City-St-Zip: SUNRISE, FL 33322

Title: SD () Delete
Name: BURGOS, MARILYN
Address: 8435 SUNRISE LAKES BLVD.
City-St-Zip: SUNRISE, FL 33322

Title: TD () Delete
Name: DOMINGUEZ, SONIA
Address: 8225 SUNRISE LAKES BLVD.
City-St-Zip: SUNRISE, FL 33322

Title: ATD () Delete
Name: WEINER, GEORGE
Address: 8460 SUNRISE LAKES BLVD.
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 1VP (X) Change () Addition
Name: PRICE, NORMAN
Address: 8110 SUNRISE LAKES BLVD.
City-St-Zip: SUNRISE, FL 33322

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA GRAVER

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date