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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 741282 (8)  
1. Corporation Name  
SUNRISE LAKES CONDOMINIUM APTS., PHASE 3, INC. 4

Principal Place of Business: 2700 NW 94TH WAY, SUNRISE FL 33322  
Mailing Address: 2700 NW 94TH WAY, SUNRISE FL 33322-2753



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1977		3a. Date of Last Report 02/05/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1854370		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RADOSTA, JACK CAM 2700 NW 94TH WAY SUNRISE FL 33322				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Jack Radosta* Manager  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 1/15/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PLOTKIN, LOU			1.2 NAME			
STREET ADDRESS	9461 SUNRISE LAKES BLVD.			1.3 STREET ADDRESS	BELLE SHEINER		
CITY-ST-ZIP	SUNRISE FL			1.4 CITY-ST-ZIP	9541 SUNRISE LAKES BLVD., SUNRISE, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	S	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VPP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHERWIN, RITA			2.2 NAME	NORMAN MEYERSON		
STREET ADDRESS	9481 SUNRISE LAKES BLVD			2.3 STREET ADDRESS	9501 SUNRISE LAKES BLVD.		
CITY-ST-ZIP	SUNRISE FL			2.4 CITY-ST-ZIP	SUNRISE, FL		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENBAUM, MARVIN			3.2 NAME	ISIDORE SCHULMAN		
STREET ADDRESS	9440 SUNRISE LAKES BLVD			3.3 STREET ADDRESS	9521 SUNRISE LAKES BLVD., SUNRISE		
CITY-ST-ZIP	SUNRISE FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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: *Belle Sheiner* **REQUIRED** DATE: 1/15/97 DAYTIME PHONE # 0036977

CR2E037 (9/96)