

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741282

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: SUNRISE LAKES CONDOMINIUM APTS., PHASE 3, INC. 4

**Current Principal Place of Business:**

2700 NW 94TH WAY  
SUNRISE, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

2700 NW 94TH WAY  
SUNRISE, FL 33322

**New Mailing Address:**

FEI Number: 59-1854370      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RADOSTA, JACK CAM  
2700 NW 94TH WAY  
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: PD      ( ) Delete  
Name: NELSON, JOHN  
Address: 9541 SUNRISE LAKES BLVD  
City-St-Zip: SUNRISE, FL

Title: VP      ( ) Delete  
Name: BURKETT, WINSTON  
Address: 2700 NW 94TH WAY  
City-St-Zip: FORT LAUDERDALE, FL 33322

Title: TD      ( ) Delete  
Name: STEWART, DOUGLAS  
Address: 9461 SUNRISE LAKES BLVD  
City-St-Zip: SUNRISE, FL 33322

Title: SD      ( ) Delete  
Name: PENSANTE, GLORIA  
Address: 2700 NW 94TH WAY  
City-St-Zip: FORT LAUDERDALE, FL 33322

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP      (X) Change ( ) Addition  
Name: BURKETT, WINSTON  
Address: 2700 NW 94TH WAY  
City-St-Zip: SUNRISE, FL 33322

Title: TD      (X) Change ( ) Addition  
Name: MERENDINO, MARY ANN  
Address: 2700 NW 94TH WAY  
City-St-Zip: SUNRISE, FL 33322

Title: SD      (X) Change ( ) Addition  
Name: PENSANTE, GLORIA  
Address: 2700 NW 94TH WAY  
City-St-Zip: SUNRISE, FL 33322

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: JOHN NELSON

PD

01/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date