

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 11:00
FEB 16 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750084 (6)
1. Corporation Name
SUNRISE LAKES CONDOMINIUM PHASE 4, INC. 1

Principal Place of Business Mailing Address
% GOLD COAST PROPERTY MGMT. INC.
10001 W OAKLAND PK BLVD. SUITE 300
SUNRISE FL 33351 % GOLD COAST PROPERTY MGMT. INC.
10001 W OAKLAND PK BLVD. SUITE 300
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 12/06/1979 3a. Date of Last Report 02/15/1994
4. FEI Number 59-2036155 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
GOLD COAST PROPERTY MGMT. INC.
10001 W OAKLAND PK BLVD, #300
SUNRISE FL 33351

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
VP PEPPER, SOL 10331 SUNRISE LAKES BLVD SUNRISE FL
D ROENSON, ABE 2982 NOB HILL ROAD SUNRISE FL
VD SOKOL, HERBERT 10300 NW 30TH COURT SUNRISE FL
VP HORNER, MARTY 2901 NOB HILL RD SUNRISE FL
P GOLDBECK, JOHN 10451 SUNRISE LAKES BLVD SUNRISE FL
TD KOLMIN, ELLIS 10300 NW 30TH CT SUNRISE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sol Pepper* SOL PEPPER 2/1/95 741-4666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Three 8)