

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750084** (6)
1. Corporation Name
SUNRISE LAKES CONDOMINIUM PHASE 4, INC. 1



A & M PROPERTY MGMT., INC.
3475 Hiatus Road
Sunrise, FL 33351

A & M PROPERTY MGMT., INC.
3475 Hiatus Road
Sunrise, FL 33351

3. Date Incorporated or Qualified 12/06/1979	3a. Date of Last Report 01/31/1996
4. FEI Number 59-2036155	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business			
21. A & M Property Mgt	26. Suite, Apt. #, etc.		
22. 3475 Hiatus Rd	27. City & State		
23. Sunrise FL	28. City & State		
24. 33351	25. Broward	29. 33351	30. FL

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
A & M PROPERTY MGMT., INC. 3475 Hiatus Road Sunrise, FL 33351				81. Name	A & M Property Mgt		
				82. Street Address (P.O. Box Number is Not Acceptable)	3475 Hiatus Road		
				83. City	Sunrise		
				84. State	FL	85. Zip Code	33351

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **2/12/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	FINANCE TREAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEPPER, SOL	1.2 NAME	SARA MANCIN
STREET ADDRESS	10331 SUNRISE LAKES BLVD	1.3 STREET ADDRESS	2901 NOB HILL RD
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROENSON, ABE	2.2 NAME	
STREET ADDRESS	2982 NOB HILL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOKOL, HERBERT	3.2 NAME	
STREET ADDRESS	10300 NW 30TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNER, MARTY	4.2 NAME	
STREET ADDRESS	2901 NOB HILL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBECK, JOHN	5.2 NAME	
STREET ADDRESS	10451 SUNRISE LAKES BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLMIN, ELLIS	6.2 NAME	
STREET ADDRESS	10300 NW 30TH CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	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: **REQUIRED** *[Signature]* Date: **2/12/97** 954-741-4666 Day/Time Phone # 0037021

CR2E037 (9/96)