FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

SUNRISE LAKES CONDOMINIUM PHASE 4, INC. 1

## **FILED** May 06 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address	Mailing Address		E TOBRILL IBROR BUILL BORIK BOURF HOTH BERG BUILL BURK BURK BURK BIRK BURK BURK BURK BURK BURK HORE
A & M PROPERTY MGMT INC. 3475 HIATUS ROAD BUNRISE FL 33351 US		A & M PROPERTY MGMT., INC. 3475 HIATUS ROAD SUNRISE FL 33351 US			3. Date Incorporated or Qualified  12/06/1979  4. FEI Number  Applied For
2. Principal P	lace of Business	2a. Mailing Address			59-2036155 Not Applicable  5 Certificate of Status Desired
21		26			5. Certificate of Status Desired
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
Zip Country		Zip Country		trv	Yes No  8. This corporation owes or has paid the current year Intangible
24	25		30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Current				10. Name and Address of New Registered Agent
			8	1 Name	
A & M PROPERTY MGMT. INC.				2 Street	Address (P.O. Box Number is Not Acceptable)
	ATUS ROAD				
SUNRISE	E FL 33351		6	3	
	///		8	4 City	FL 85 Zip Code
11. Pursuant to the provisions of Socions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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 families with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE .	flats f feels a				4/8/98
12 //	Signature, type or phinted name of registered agent		~~ <u>~</u> ~~~	gent egnatur	e required whon reinstating)  ADDITION OF THE PROPERTY OF THE
12.	OFFICERS AND	DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	PEPPER, SOL	□ przrit	1.2 NAM		
STREET ADDRESS	ARRA CHRISTOF LAVES SUES			ET ADDRESS	
CITY-ST-ZIP	SUNRISE FL		1.4 CITY		
TITLE	0	DELETE	2.1 TITLE		Change Addition
NAME	ROSENSON, ABE	•	2.2 NAM	E	
STREET ADDRESS	2982 NOB HILL ROAD			ET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	× /		- ST- ZIP	
TITLE	VO .	<b>DELETE</b>	3.1 TITLE		V P / D ☐ Change ☑ Addition
NAME	<b>SO</b> KOL, HERBERT	<b>/</b> `	3.2 NAM	E	JACQUELINE RODRIGUEZ
STREET ADDRESS	10300 NW 30TH COURT		3.3 STRE	ET ADDRESS	10400 N.W. 30TH CT
CITY-ST-ZIP	SUNRISE FL		3.4. City	-ST-ZIP	SUNRISE FL 33322
TITLE	VP/D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HORNER, MARTY		4. 2 NAM	-	
STREET ADDRESS	2901 NOB HILL RD			et address	
CITY-ST-ZIP	SUNRISE FL	D pro cre	4.4 CITY		Toleran District
TITLE	P/D Goldbeck, John	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	10451 SUNRISE LAKES BLVD		5.2 NAM		V ()(
CITY-ST-ZIP	SUNRISE FL			ET ADDRESS	) 7\
TITLE	FT/D	DELETE	5.4 CITY 6.1 TITLE		Change Addition
NAME	MANCIN, SARA	·•	6.2 NAMI		
STREET ADDRESS	2901 NOB HILL RD.			- Et address	
CITY-ST-ZIP	SUNRISE FL		6.4 CITY		DEP YLL.25
14. I hereby c	ertify that the information supplied with	this filing does not qualify for	r the exem	ntion state	ed in Section 119.07(3)(i), Florida Statutes.   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.					