

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90094 027 ****61.25

DOCUMENT # 750084

1. Entity Name

SUNRISE LAKES CONDOMINIUM PHASE 4, INC. 1

Principal Place of Business

Mailing Address

A & M PROPERTY MGMT., INC.
 3475 HIATUS ROAD
 SUNRISE FL 33351
 US

A & M PROPERTY MGMT., INC.
 3475 HIATUS ROAD
 SUNRISE FL 33351-7500
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2036155

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A & M PROPERTY MGMT. INC.
 3475 HIATUS ROAD
 SUNRISE FL 33351

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29/00
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP/D	<input type="checkbox"/> Delete
NAME	PEPPER, SOL	
STREET ADDRESS	10331 SUNRISE LAKES BLVD	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENSON, ABE	
STREET ADDRESS	2982 NOB HILL ROAD	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	JACQUELINE RODRIGUEZ	
STREET ADDRESS	10400 NW 30TH CT	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HORNER, MARTY	
STREET ADDRESS	2901 NOB HILL RD	
CITY-ST-ZIP	SUNRISE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOLDBECK, JOHN	
STREET ADDRESS	10451 SUNRISE LAKES BLVD	
CITY-ST-ZIP	SUNRISE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RUBINSTEIN, SHIRLEY	
STREET ADDRESS	10467 SUNRISE LAKES BLVD	
CITY-ST-ZIP	SUNRISE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Goldbeck **VP/RESIDENT**

3/29/00
 Date

(954) 748-0836
 Daytime Phone #

CR2E037 (9/99)