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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

746238

(5)

SUNRISE LAKES CONDOMINIUM APTS., PHASE 3, INC. 5

FILED
Jan 30 1997 8:00am
Secretary of State

Principal Place of Business 2700 N W 94 WAY SUNRISE FL 33322-2753	Mailing Address 2700 N W 94 WAY	Mailing Address						
					3. Date Incorporated or Qualified 03/14/1979	3a. [Date of Last Re 02/05/19	
2. Principal Place of Business	2a. Mailing Address				4. FFI Number	!	Ар	plied For
21	26				59-1899426			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State	City & State				6. Election Campaign Financing		\$5.00	May Po
3	28				Trust Fund Contribution		Added t	
Zip Country	·		,	8. This corporation has liability for	intangıb	e tax under s	199.032,	
4 25	29				Florida Statutes Yes No			
9, Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gisterec	Agent	
			81	Name				
RADOSTA, JACK, CAM 2700 NW 94TH WAY		82		Street Ad	dress (P.O. Box Number is Not Acceptal	ble)		
SUNRISE FL 33322			83					
COMMOL I L SSSZZ			Ш					
			84	City		FL	85 Zip (Code
	ont and block applicable ND DIRECTORS DELETE	13.			i.i.ed when it is falling) ADDITIONS/CHANGES TO OF Fit	CERS AN	ID DIRL CTOR Change	S IN 12
NAME POLLACK, LEONARD		1.7 N					□□ Cuanôc	Audition
STREET ADDRESS 9850 SUNRISE LAKES BLVD				ADDRESS				
CITY-ST-ZIP SUNRISE, FLORIDA O		•		7IP				
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NAME MILLER, MARTIN		22 N	AME	i				
STREET ADDRESS 9661 SUNRISE LAKES BLVD	1	2.3 \$	REET	ADDRESS				
CITY-ST-ZIP SUNRISE, FLORIDA 0			ПY-5	S1- ZIP			_	
RITLE SD	DHETE	3111	ILf				Change	Additio
NAME WEISS, RUTH		3.2 N						
STREET ADDRESS 9681 SUNRISE LAKES BLVD	1	33S	REET	ADDRESS				
CITY-ST-ZIP SUNRISE, FLORIDA 0								
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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 armual report or supplemental annual report is frue and accurate and that my signature shall have the same logal effect as if made under eath; 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 charged, or on an attachment with an address

CIONIATURE.