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 #

NAME : STREET ADDRESS 746238

(5)

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

| Principal Plac | e of Business | Mailing Address | Mailing Address | | | 1 48 511 (18 311 6 18 18 19 19 11 11 11 11 11 11 11 11 11 11 11 | i Analii Alfii Alfii Al | 711 0:011 1001 |
|--|--|-----------------------------------|--|---------------------------------------|----------------------|---|-------------------------|----------------|
| 2700 N W 94 WAY | | 2700 N W 94 WAY | | | | 3. Date Incorporated or Qualified | | |
| | | SUNRISE FL 33322-2750 | 2753 | | | 03/14/1979 | | |
| | | | | | | 4. FEI Number | Ap | plied For |
| | | | | | | 59-1899426 | No | t Applicable |
| 2. Principal F | Place of Business | 2a. Mailing Address | | | | e | \$8.75 | Additional |
| 21 | | 26 | | | | 5. Certificate of Status Desired | Fee Re | |
| Suite, Apt. #, etc. Suite, Apt. # | | | etc. | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 22 27 | | | | | | Trust Fund Contribution | Added to | |
| City & Stat | te | City & State | | | | 7. Is this nonprofit corporation a homeow | | n? |
| 23 | T Country | 28 | 1 0~ | | | ☐ Yes | □ No | |
| Zip | Country | ⊢ ¬ "' | Zip Countr | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | |
| 24 | 9. Name and Address of Curr | rent Registered Agent | 30 | | | Personal Property Tax due June 30. 10. Name and Address of New Register | |] 140 |
| | 5, Hallis 4110 Page 184 01 0011 | one negletered Agent | | 81 | Name | 10. 1101110 0110 1100 01110 1100 01110 | | |
| DADOG | EN HACK CAM | | | | | | | |
| RADOSTA, JACK, CAM 2700 NW 94TH WAY | | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| | E FL 33322 | | | 83 | | | | |
| OUNNIS | E FL 33322 | | | | | | | |
| | | | | 84 | City | F | 85 Zip (| Code |
| 11. Pursuant | to the provisions of Sections 617.0 | 502 and 617.1508, Florida Sta | itutes, the at | bove | -named corp | oration submits this statement for the purpos on's board of directors. I hereby accept the | e of changing it | s registered |
| agent. I a | am familiar with, and accept the obj | ligations of, Section 617.0503, | Florida Stat | utes | | or a board or directors. Thereby accept the | арронинон аз | rogistered |
| SIGNATURE | | | | | | | | |
| 12. | Signature, typed or printed name of registered | agent and title if applicable. (I | NOTE: Registered | d Aper | ni signalura require | ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A | | S IN 12 |
| TITLE | PD | DELETE | 1,1 10 | TLE. | | 7.00111010101111110101101 | ☐ Change | Addition |
| NAME | POLLACK, LEONARD | | 1.2 NA | | | | • | _ |
| STREET ADDRESS | 9850 SUNRISE LAKES BLVI | ח | | | address | | | |
| CITY-ST-ZIP | SUNRISE, FLORIDA 0 | | 1.4 01 | | | | | |
| TITLE | VD VD | ☐ DELE TE | 2.1 10 | | *** | ······································ | Change | Addition |
| NAME | MILLER, MARTIN | | 2.2 NA | AME | | | | |
| STREET ADDRESS | 9661 SUNRISE LAKES BLV | D | 2.3 ST | REET | ADORESS | | | |
| CITY-ST-ZIP | SUNRISE, FLORIDA 0 | | 2. 4 C | ITY-S | T-ZIP | | \ | |
| TITLE | 3Q | DELETE | 3.1 Til | TLE | S | D | Change | Addition |
| NAME | WEISS, BUTH | | 3.2 NA | AME | Ŵ | ANK FREDERICK 900 Sunnise Lake | - 701 | ~ |
| STREET ADDRESS | 9681 SUNRISE LAKES BLVI | D | 3.3 ST | REET | adoress 9 | | s Blue | 7. |
| CITY-ST-ZIP | -SUNRISE, FLORIDA U- | | 3.4. CI | ITY-S | 1-ZIP S | unrise FLORIDA | | |
| TITLE | TR. · | | | | 4 | | | Addition 1 |
| NAME | | ☐ DELETE | 4.1 111 | TLE | | D . = | Change | |
| STREET ADDRESS | LUSKIN ELI | _ | 4.1 NI 4. 2 Ni | | L | usking EL) | | — |
| ı | LUSKIN ELI 9141 SUNRISE L | AKES BLVD | 4. 2 N | AME | ADDRESS 4 | USKIN ELI 14/ Sunrise Lakes I | | ^ |
| CITY-ST-ZIP | LUSKIN ELI 9141 SUNRISE L SUNRISE, FLOR | AKES BLVD | 4. 2 N/ 4.3 ST 4.4 Ci | AME IREET I | ' | USKIN ELI 14/ Sunrise Lakes I | 31UD. | |
| TITLE | 19141 SUN RISE L | AKES BLVD | 4. 2 N/ 4.3 ST 4.4 C/ 5.1 T/T | AME PREET A TY-ST TLE | ' | USKIN ELI 14/ Sunrise Lakes I | | Addition |
| TITLE NAME | 19141 SUN RISE L | AKES BLVD | 4. 2 N/ 4.3 ST 4.4 CI 5.1 TII 5.2 NA | ame Treet i Ty-st Tle Ame | - ZIP | USKIN ELI 14/ Sunrise Lakes I | 31UD. | |
| TITLE | 19141 SUN RISE L | AKES BLVD | 4. 2 NJ 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST | AME TREET I TLE AME | -ZIP S | USKIN ELI 14/ Sunrise Lakes I | 31UD. | |
| TITLE NAME | 19141 SUN RISE L | AKES BLVD | 4. 2 N/ 4.3 ST 4.4 CI 5.1 TII 5.2 NA | AME TY-ST TLE AME TY-ST | -ZIP S | USKIN ELI 147 Sunrise Lakes I | 31UD. | |

14. 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 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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

ONATURE LEADER SANCIANTED PRECIDENT

delas

741-1334

FILED

Feb 05 1998 8:00am

Secretary of State

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