

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729230

**FILED**  
**Jan 21, 2014**  
**Secretary of State**  
**CC3067137955**

**Entity Name:** SUNRISE LAKES CONDOMINIUM APTS., INC. 5

**Current Principal Place of Business:**

8133 SUNRISE LAKES BLVD  
SUNRISE, FL 33322

**Current Mailing Address:**

8133 SUNRISE LAKES BLVD  
SUNRISE, FL 33322

**FEI Number:** 59-1570904

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CONCANNON, ANGELA  
8133 SUNRISE LAKES BLVD  
SUNRISE, FL 33322 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CONCANNON, ANGELA  
Address 8133 SUNRISE LAKES BLVD.  
City-State-Zip: SUNRISE FL 33322

Title VP  
Name DENEEN, GEOFFRY  
Address 8133 SUNRISE LAKES BLVD.  
City-State-Zip: SUNRISE FL 33322

Title VP2  
Name LEIBOWITZ, LILLIAN GRASSO  
Address 8133 SUNRISE LAKES BLVD.  
City-State-Zip: SUNRISE FL 33322

Title T  
Name WEINER, GEORGE  
Address 8133 SUNRISE LAKES BLVD.  
City-State-Zip: SUNRISE FL 33322

Title T2  
Name KATZ, MORTY  
Address 8133 SUNRISE LAKES BLVD.  
City-State-Zip: SUNRISE FL 33322

Title S  
Name RASKIN, LYNDA  
Address 8133 SUNRISE LAKES BLVD.  
City-State-Zip: SUNRISE FL 33322

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANGELA CONCANNON

P

01/21/2014

Electronic Signature of Signing Officer/Director Detail

Date