

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750084

**FILED**  
**Mar 07, 2023**  
**Secretary of State**  
**2911230621CC**

**Entity Name:** SUNRISE LAKES CONDOMINIUM PHASE 4, INC. 1

**Current Principal Place of Business:**

8010 N UNIVERSITY DR  
TAMARAC, FL 33321

**Current Mailing Address:**

8010 N UNIVERSITY DR  
TAMARAC, FL 33321 US

**FEI Number:** 59-2036155

**Certificate of Status Desired:** No

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

ESLER & LINDIE, P.A.  
400 SE 6TH ST  
FT LAUDERDALE, FL 33301-3178 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:** LINDIE

03/07/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name JOYCE , MADELIN  
Address 400 SE 6TH ST  
City-State-Zip: FT LAUDERDALE FL 33301

Title SECRETARY  
Name PORTNEY, SHEILA  
Address 400 SE 6TH ST  
City-State-Zip: FT LAUDERDALE FL 33301

Title DIRECTOR  
Name KOPP, ANDREA  
Address 400 SE 6TH ST  
City-State-Zip: FT LAUDERDALE FL 33301

Title CORPORATE SECRETARY  
Name VENTICINQUE, CARMINE  
Address 400 SE 6TH ST  
City-State-Zip: FT LAUDERDALE FL 33301

Title DIRECTOR  
Name ROMERO, JOSE  
Address 400 SE 6TH ST  
City-State-Zip: FT LAUDERDALE FL 33301

Title DIRECTOR  
Name POPE, STEPHANIE  
Address 400 SE 6TH ST  
City-State-Zip: FT LAUDERDALE FL 33301

Title DIRECTOR  
Name AGUIS, LES  
Address 400 SE 6TH ST  
City-State-Zip: FT LAUDERDALE FL 33301

Title TREASURER  
Name ABRAMOWITZ, HAL  
Address 400 SE 6TH ST  
City-State-Zip: FT LAUDERDALE FL 33301

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*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:** CAROLYN HILL

**PRESIDENT**

03/07/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            HILL, CAROLYN  
Address        400 SE 6TH ST  
City-State-Zip: FT LAUDERDALE FL 33301

Title            DIRECTOR  
Name            GONZALEZ, LUZ  
Address        400 SE 6TH ST  
City-State-Zip: FT LAUDERDALE FL 33301