


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90095 025 ****61.25

| | |
|--|---|
| DOCUMENT # 732403 |  |
| 1. Entity Name | |
| SUNRISE LAKES CONDOMINIUM APTS., PHASE 3, INC. 2 | |

| | |
|--------------------------------------|--------------------------------------|
| Principal Place of Business | Mailing Address |
| 2700 NW 94TH WAY SUNRISE FL 33322 | 2700 NW 94TH WAY SUNRISE FL 33322 |

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/05)

| | |
|---------------|----------------|
| 4. FEI Number | Applied For |
| 59-1652377 | Not Applicable |

| | |
|----------------------------------|---|
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|---|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| RADOSTA, JACK CAM 2700 NW 94TH WAY SUNRISE FL 33322 | |

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------|
| TITLE | PD |
| NAME | PARIS, DAVID |
| STREET ADDRESS | 2741 PINE ISLAND RD N. |
| CITY-ST-ZIP | SUNRISE, FL 00000 |
| TITLE | VPD |
| NAME | RESNICK, GEORGE |
| STREET ADDRESS | 9010 SUNRISE LAKES BLVD |
| CITY-ST-ZIP | SUNRISE FL |
| TITLE | S |
| NAME | NEIDITCH, HARRY |
| STREET ADDRESS | 2751 PINE ISLAND RD N. |
| CITY-ST-ZIP | SUNRISE, FL 00000 |
| TITLE | TD |
| NAME | TENZOR, BARBARA |
| STREET ADDRESS | 9446 NW 46TH CT |
| CITY-ST-ZIP | SUNRISE FL 33351 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|-------------------|
| TITLE | PD |
| NAME | George Resnick |
| STREET ADDRESS | 2700 NW 94 WAY |
| CITY-ST-ZIP | SUNRISE FL 33322 |
| TITLE | VPD |
| NAME | DAVID PARIS |
| STREET ADDRESS | 2700 NW 94 WAY |
| CITY-ST-ZIP | SUNRISE FL 33322 |
| TITLE | SD |
| NAME | SHARON TRIPP |
| STREET ADDRESS | 2700 NW 94 WAY |
| CITY-ST-ZIP | SUNRISE, FL 33322 |
| TITLE | TD |
| NAME | maric Soares |
| STREET ADDRESS | 2700 NW 94 WAY |
| CITY-ST-ZIP | SUNRISE FL 33322 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *George Resnick*

1/24/06