

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

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90035 002 \*\*\*\*61.25

**DOCUMENT # 734392**

1. Entity Name

SUNRISE JEWISH CENTER, INC.



Principal Place of Business

4099 PINE ISLAND ROAD  
SUNRISE FL 33351-2314

Mailing Address

4099 PINE ISLAND ROAD  
SUNRISE FL 33351-2314

50005399



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Broward

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1619338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, LIPNACK  
6827 W. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33319

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

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 ☒ Delete  
NAME BERKOWITZ, BRUCE DR  
STREET ADDRESS 11491 NW 19TH ST  
CITY-ST-ZIP PLANTATION FL 33323

TITLE VD ☒ Delete  
NAME BROMBERG, DONALD  
STREET ADDRESS 10421 NW 31 COURT  
CITY-ST-ZIP SUNRISE FL 33351

TITLE T ☒ Delete  
NAME WEISS, JULIUS  
STREET ADDRESS 8135 SUNRISE LAKES BLVD  
CITY-ST-ZIP SUNRISE, FL 00000

TITLE FS ☒ Delete  
NAME WINDERMANN, MURRAY  
STREET ADDRESS 9041 NW 10TH COURT  
CITY-ST-ZIP PLANTATION FL 33322

TITLE D ☒ Delete  
NAME HERTZBERG, ABRAHAM  
STREET ADDRESS 9370 SUNRISE LKS BLVD  
CITY-ST-ZIP SUNRISE FL 33322

TITLE D ☐ Delete  
NAME NIEPORENT, MAX  
STREET ADDRESS 9580 SUNRISE LAKES BLVD  
CITY-ST-ZIP SUNRISE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME Abe Hertzberg  
STREET ADDRESS 9370 Sunrise Lks. Blvd. 111  
CITY-ST-ZIP Sunrise, FL 33322

TITLE VD ☒ Change ☐ Addition  
NAME Scott Jarvis  
STREET ADDRESS 1960 N.W. 127 Terr.  
CITY-ST-ZIP Coral Springs, FL 33071

TITLE T ☒ Change ☐ Addition  
NAME Donald Bromberg  
STREET ADDRESS 10421 N.W. 31 Court  
CITY-ST-ZIP Sunrise, FL 33351

TITLE FS ☒ Change ☐ Addition  
NAME Dr. Bruce Berkowitz  
STREET ADDRESS 11491 N.W. 19th Street  
CITY-ST-ZIP Plantation, FL 33323

TITLE D ☒ Change ☐ Addition  
NAME David Berger  
STREET ADDRESS 3582 N.W. 91st Lane  
CITY-ST-ZIP Sunrise, FL 33351

TITLE ☐ Change ☐ Addition  
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:

Donald Bromberg

02/01/06 954-741-0295