

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **740557** (4)
1. Corporation Name
SUNRISE LAKES CONDOMINIUM APTS., PHASE 3, INC. 3



Principal Place of Business: 2700 N.W. 94TH WAY, SUNRISE FL 33322
Mailing Address: 2700 N.W. 94TH WAY, SUNRISE FL 33322

3. Date Incorporated or Qualified: 10/04/1977
3a. Date of Last Report: 02/24/1995
4. FEI Number: 59-1769914
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: RADOSTA, JACK, 2700 N W 94TH WAY, SUNRISE FL 33322
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|------------------|
| TITLE | VPD GILL, HAL | 1.1 TITLE | |
| NAME | 9221 SUNRISE LAKE BLVD | 1.2 NAME | |
| STREET ADDRESS | SUNRISE FL | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | TD NIELSCH, CONNIE | 2.1 TITLE | NIELSCH, CORINNE |
| NAME | 9320 SUNRISE LKS BLVD | 2.2 NAME | |
| STREET ADDRESS | SUNRISE, FL 00000 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | PD BOLTAX, ETTA | 3.1 TITLE | BOLTAX, YETTA |
| NAME | 9221 SUNRISE LAKES BLVD | 3.2 NAME | |
| STREET ADDRESS | SUNRISE FL | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | SD WIENER, ABBY | 4.1 TITLE | |
| NAME | 9320 SUNRISE LAKES BLVD. | 4.2 NAME | |
| STREET ADDRESS | SUNRISE FL | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Yetta Boltax 1-18-96 74-1338
SIGNATURE AND TITLE: YETTA BOLTAX
DATE: 1-18-96 DAYTIME PHONE #: 74-1338

CR2E037 (12/95)