


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 27 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



|   |   |
|---|---|
| Principal Place of Business<br>2700 N.W. 94TH WAY<br>SUNRISE FL 33322 | Mailing Address<br>2700 N.W. 94TH WAY<br>SUNRISE FL 33322 |
|---|---|

|  |   |   |
|--|---|---|
| 3. Date Incorporated or Qualified<br><b>10/04/1977</b>   |   |   |
| 4. FEI Number<br><b>59-1769914</b>   | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>      |   |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |   |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |   |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21. Suite, Apt. #, etc.<br>22. City & State<br>23. Zip<br>24. Country | 2a. Mailing Address<br>25. Suite, Apt. #, etc.<br>27. City & State<br>28. Zip<br>29. 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. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>GILL, HAL<br>9221 SUNRISE LAKE BLVD<br>SUNRISE FL             | <input checked="" type="checkbox"/> DELETE            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>NIELSCH, CORRINE<br>9320 SUNRISE LKS BLVD<br>SUNRISE, FL 00000 | <input checked="" type="checkbox"/> DELETE            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BOLTAX, YETTA<br>9221 SUNRISE LAKES BLVD<br>SUNRISE FL         | <input checked="" type="checkbox"/> DELETE            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>WEINER, ABBY<br>9320 SUNRISE LAKES BLVD.<br>SUNRISE FL         | <input checked="" type="checkbox"/> DELETE            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> DELETE                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> DELETE                       |  |

|  |   |  |
|--|---|--|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | PD<br>Joseph Bockstein<br>9201 Sunrise Lakes Blvd<br>Sunrise FL   | <input checked="" type="checkbox"/> Change<br><input checked="" type="checkbox"/> Addition |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | VPD<br>GOLDBERG Lawrence<br>9360 Sunrise Lakes Blvd<br>Sunrise FL | <input checked="" type="checkbox"/> Change<br><input checked="" type="checkbox"/> Addition |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | TD<br>GILL HAL<br>9221 Sunrise Lakes Blvd<br>Sunrise FL           | <input checked="" type="checkbox"/> Change<br><input checked="" type="checkbox"/> Addition |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | SD<br>Mercurio Michael<br>9201 Sunrise Lakes Blvd<br>Sunrise FL   | <input checked="" type="checkbox"/> Change<br><input checked="" type="checkbox"/> Addition |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |   | <input type="checkbox"/> Change<br><input type="checkbox"/> Addition                       |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |   | <input type="checkbox"/> Change<br><input type="checkbox"/> Addition                       |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 in an attachment with an address.

SIGNATURE: Michael Weiner **REQUIRED** 1/19/98 741-1338

CR2E037 (10/97)