


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90121 002 ****61.25

DOCUMENT # 741282
1. Entity Name
SUNRISE LAKES CONDOMINIUM APTS., PHASE 3, INC. 4



Principal Place of Business: **2700 NW 94TH WAY, SUNRISE FL 33322**
Mailing Address: **2700 NW 94TH WAY, SUNRISE FL 33322**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____

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

4. FEI Number **59-1854370**
Applied For: Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 reinstating) DATE: _____

FILE NOW: FEE IS \$61.25

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	<input type="checkbox"/> Delete
NAME	SHEINER, BELLE	
STREET ADDRESS	9541 SUNRISE LAKES BLVD	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TROY, MARY	
STREET ADDRESS	9481 SUNRISE LAKES BLVD.	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GREENBAUM, MARVIN	
STREET ADDRESS	9440 SUNRISE LAKES BLVD	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD SEYMOUR FONER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9461 Sunrise Lakes Blvd	
STREET ADDRESS	Sunrise, FL 33322	
CITY-ST-ZIP		
TITLE	SD Shirley Lowenberg	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9501 Sunrise Lakes Blvd	
STREET ADDRESS	Sunrise FL 33322	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Belle Sheiner **REQUIRED**

1/30/03

CR2E037 (10/02)