

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 # **746238** (5)
1. Corporation Name
SUNRISE LAKES CONDOMINIUM APTS., PHASE 3, INC. 5



Principal Place of Business: 2700 N W 94 WAY, SUNRISE FL 33322-2753
Mailing Address: 2700 N W 94 WAY, SUNRISE FL 33322-2753

3. Date Incorporated or Qualified: 03/14/1979
3a. Date of Last Report: 02/08/1995

| | | | |
|---------------------------------|-------------------------|---|--------------------------------|
| 21. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 22. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 59-1899426 | Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24. Country | 29. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | Yes No |

| | | | |
|--|--|--|--------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| RADOSTA, JACK, CAM 2700 NW 94TH WAY SUNRISE FL 33322 | | 81. Name | |
| | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83. | |
| | | 84. City | 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 1? | |
|----------------------------|--|---|---|
| TITLE | PD POLLACK, LEONARD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 9850 SUNRISE LAKES BLVD | 1.2 NAME | |
| STREET ADDRESS | SUNRISE, FLORIDA 0 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | VD MILLER, MARTIN <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 9661 SUNRISE LAKES BLVD | 2.2 NAME | |
| STREET ADDRESS | SUNRISE, FLORIDA 0 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | TD STURM, SAM <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 9821 SUNRISE LAKES BLVD | 3.2 NAME | |
| STREET ADDRESS | SUNRISE, FLORIDA 0 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | SD WEISS, RUTH <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 9681 SUNRISE LAKES BLVD | 4.2 NAME | |
| STREET ADDRESS | SUNRISE, FLORIDA 0 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ASSTO LUSKIN, ELI <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 9741 SUNRISE LAKES BLVD. | 5.2 NAME | |
| STREET ADDRESS | SUNRISE FL | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: **LEONARD POLLACK** *Leonard Pollack* 1/18/96 741-1338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)