

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

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 746238 (5)**  
1. Corporation Name  
**SUNRISE LAKES CONDOMINIUM APTS., PHASE 3, INC. 5**



Principal Place of Business <b>2700 N W 94 WAY SUNRISE FL 33322-2753</b>	Mailing Address <b>2700 N W 94 WAY SUNRISE FL 33322-2753</b>
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3. Date Incorporated or Qualified <b>03/14/1979</b>	
4. FEI Number <b>59-1899426</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**RADOSTA, JACK, CAM  
2700 NW 94TH WAY  
SUNRISE FL 33322**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>POLLACK, LEONARD</b>	
STREET ADDRESS	<b>9850 SUNRISE LAKES BLVD</b>	
CITY-ST-ZIP	<b>SUNRISE, FLORIDA 0</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, MARTIN</b>	
STREET ADDRESS	<b>9881 SUNRISE LAKES BLVD</b>	
CITY-ST-ZIP	<b>SUNRISE, FLORIDA 0</b>	
TITLE	<del><b>SD</b></del>	<input checked="" type="checkbox"/> DELETE
NAME	<del><b>WEISS, RUTH</b></del>	
STREET ADDRESS	<del><b>9881 SUNRISE LAKES BLVD</b></del>	
CITY-ST-ZIP	<del><b>SUNRISE, FLORIDA 0</b></del>	
TITLE	<b>TR.</b>	<input type="checkbox"/> DELETE
NAME	<b>LUSKIN, ELI</b>	
STREET ADDRESS	<b>9741 SUNRISE LAKES BLVD</b>	
CITY-ST-ZIP	<b>SUNRISE, FLORIDA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SD WANK, FREDERICK</b>
3.3 STREET ADDRESS	<b>9900 SUNRISE LAKES BLVD.</b>
3.4 CITY-ST-ZIP	<b>SUNRISE FLORIDA</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>TR LUSKIN, ELI</b>
4.3 STREET ADDRESS	<b>9741 SUNRISE LAKES BLVD.</b>
4.4 CITY-ST-ZIP	<b>SUNRISE FL</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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* *741-1338*

CFR2E037 (10/97)