NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 746238

1. Corporation Name

CHARGE LAKES COMPONIAHUM ADTS - PHASE 3 INC. 5

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90076 002 ****61.25

SUMMISE LAKES COMPONIMION AT 15., FINAL 5, 145. 5												
Principal Place	of Business	Mailing Address									•	
2700 N W 94 V		2700 N W 94 WAY										
SUNRISE FL 33	1322-2753	SUNRISE FL 33322-2753										
2. Principal Pl	ace of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·		Date Incorporate	d or Qualifed				
1		26					03/14/1979			- 1 .		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					4. FEI Number - 59-1899426	.~.	مفوض		plied For t Applicable	
2 City 8 State		City & State								\$8.75		
City & State	•	28					5. Certifcate of Stat	us Desired	1	Fee Re		
Zip	Country	Zip	Zip Cou				Election Campaig Trust Fund Contr)	\$5.00 Added t		
4	9. Name and Address of Current		30	_			10. Name and Addr		stered A			
	- Hallie and Addiese of Carrent			81	Name		 					
DADOSTA	JACK, CAM			82	Street /	Addres	ss (P.O. Box Number i	s Not Acceptable) .			
2700 NW 9						100100	dates (1.0. box Hambot to Not viscopius)					
SUNRISE I									•		ļ	
				84	City			· · · · · · · · · · · · · · · · · · ·	FL	85 Zip (Code	
office of D	to the provisions of Sections 617.0502 egistered agent, or both, in the State o n familiar with, and accept the obligati	it Florida. Such change was a	utnorized	י עם כ	ine corpi	corpor oration	ration submits this stat 's board of directors. I	ement for the pur hereby accept the	pose of cl e appoint	nanging its ment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered	Ageri	t signature n	y beriupe	when reinstating)		DATE			
12.	OFFICERS AND		13.				ADDITIONS/CHAI	NGES TO OFFICE				
TITLE	PD	☐ DELETE	1.1 ∏	TLE			•			Change	☐ Addition	
NAME	POLLACK, LEONARD		1.2 N									
STREET ADDRESS	9850 SUNRISE LAKES BLVD				ADDRESS						1	
CITY-ST-ZIP	SUNRISE, FLORIDA 0		_	ITY-S	r-ZIP					☐ Change	Addition	
TITLE	VD	☐ DELETE	2.1 T		l			•		onango		
NAME	MILLER, MARTIN		2.2 N		ADDRESS							
ì	9661 SUNRISE LAKES BLVD			TY-S	- 1	i	•				{	
CITY-ST-ZIP TITLE	SUNRISE, FLORIDA 0	☐ DELETE	2. 4 C		1-215					Change	Addition	
NAME	WANK, FREDERICK		3.2 N								}	
STREET ADDRESS	9900 SUNRISE LAKES BLVD		1		ADDRESS			•				
CITY-ST-ZIP	SUNRISE, FLORIDA 0		1	TY-S		ļ			•			
TITLE	TD	□ DELETE	4.1 T			TD	,	٧.		Change	☐ Addition	
NAME	LUSKIN, ELI	,	4.21	IAME		BR	ONSTEIN, PHY	'LLIS				
	9741 SUNRISE LAKES BLVD		4.3 S	TREET	ADDRESS		41 SUNRÍSE L)			
CITY-ST-ZIP	SUNRISE FL		4.4 C	rty-\$1	r- ZIP		NRISE EL					
TITLE		☐ DELETE	5.1 T)				Change	Addition	
NAME				AME				•			ì	
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP		——————————————————————————————————————		ITY-S1	T-ZIP		<u> </u>			Change	Addition	
TITLE		☐ DELETE	6.1 7			}				Change	☐ ¥gainou	
NAME				AME							į	
STREET ADDRESS					ADDRESS	[
CITY-ST-ZIP			6.4 C	ITY-S	T-Z)P	l						

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, with all other like empowered.

Daytime Phone #