


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90032 042 ****61.25

DOCUMENT # 746238

1. Entity 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

40010600



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01072008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

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

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

Filing Fee is \$61.25
Due by May 1, 2008

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	SD	<input type="checkbox"/> Delete
NAME	HEWES, BARBARA	
STREET ADDRESS	2700 NW 94 WAY	
CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, MARTIN	
STREET ADDRESS	9661 SUNRISE LAKES BLVD	
CITY-ST-ZIP	SUNRISE, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERCHMAN, LOUIS	
STREET ADDRESS	9861 SUNRISE LAKES BLVD	
CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	TD	<input type="checkbox"/> Delete
NAME	INGLESE, ANITA	
STREET ADDRESS	2700 NW WAY	
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		<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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, as empowered.

SIGNATURE: *Mark Sherly* Date: 1/16/08 Daytime Phone: 954-741-1338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR