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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 7

750084

(6)

SUNRISE LAKES CONDOMINIUM PHASE 4, INC. 1

Principal Place of Business Mailing Address						I IMBIIT FRAMI Griet Mêtel, anter Imite)	GIQIL QLQII 1891
% GOLD COAST PROPERTY MGMT. INC.				AT. (NG.				
10001 W OAKLAND PK BLVD. SUITE 300 10001 W OAKLAND			PK BLVD. SUITE 300			ļ			
SUNRISE FL	33351	SUNRISE FL 33351				3. Date Incorporated or Qualified	e of Last Report		
						12/06/1979	03	3/06/1	995
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number		-	Applied For
21		26				59-2036155	-		Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional Required
City & State		City & State				6. Election Campaign Financing			0 May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip Country				8. This corporation has liability for in	ntangible tax u	ınder s.	199.032,
24	25 29					Florida Statutes			
	9. Name and Address of Current	Registered Agent		ļ.,		10. Name and Address of New Ro	egistered Ag	ent	
				81	Name				
GOLD COAST PROPERTY MGMT, INC. 10001 W OAKLAND PK BLVD, #300				82	Street Arid	eet Address (P.O. Box Number is Not Acceptable)			
SUNRISE	E FL 33351			83					
				84	City		FL	85 Zij	o Code
11 Purcuant to	o the provisions of Spetions 617 0502	and 617 1508 Elorida Statut	es the abo	We-r	named corno	ration submits this statement for the purp	nose of chang	ina its r	egistered office
or registere	ed agent, or both, in the State of Florid h, and accept the obligations of, Section	la. Such change was authoriz	ed by the c	corp	oration's boa	ard of directors. I hereby accept the appoint	intment as re	gistered	agent. I am
SIGNATURE _			Tr. Co				DATE		
12.	Signature: typed or printed name of registered agents OFFICERS AND		13.	з Адег	a signature require	act when reinstating: ADDITIONS/CHANGES TO OFFI		IRECTO	 DRS IN 12
TITLE	VP	DELETE		1.1 TITLE				Change	Addition
NAME	PEPPER, SOL		12 N	12 NAME					
STREET ADDRESS	10331 SUNRISE LAKES BLVD)	1.3 STREE		ADDRESS				
CITY-ST-ZIP	SUNRISE FL	1.4 C		1.4 CITY - ST - ZIP					
TITLE	D	DELETE	2 1 TITLE					Change	Addition
NAME	ROSENSON, ABE	22		2.2 NAME					
STREET ADDRESS	2982 NOB HILL ROAD	23		2 3 STREET ADDRESS					
C+TY - ST - Z+P	SUNRISE FL		2 4 CITY		ST-ZIP				
TITLE	VD DELETE		3 1 Ti	3 1 TrTLE				Change	Addition
NAME	SOKOL, HERBERT		3 2 N	AME	1				
STREET ADDRESS	10300 NW 30TH COURT		33S	3.3 STREET ADDRESS					
CITY - ST - ZIP	SUNRISE FL			3.4. C(TY+ST-Z)P				04	- I large
TITLE	VP □DELETE			4 1 TITLE			Ц	Change	Addition
NAME	HORNER, MARTY			AMÉ					
STREET ADDRESS	2901 NOB HILL RD			4.3 STREET ADDRESS					
CITY-ST ZIP	SUNRISE FL			4.4 CITY - ST - ZIP				Change	☐ Addition
TITLE	·			5 1 TITLE			L	опапус	L. AVUITION
NAME	GOLDBECK, JOHN			IAME					
STREET ADDRESS	10451 SUNRISE LAKES BLV)			F ADDRESS				
CITY-ST-ZIP	SUNRISE FL	E OCCUPATION OF THE PROPERTY O		4 CITY - ST - ZIP				Change	Addition
TRILE	TD	. <u>. </u>		S 1 TITLE			LJ	onange	☐ Vogg(ioi)
NAME	KOLMIN, ELLIS			LAME					
STREET ADDRESS					F ADDRESS				
CITY-ST-ZIP	SUNRISE FL		640)TY - (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 cath; 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:

SIGNA JUNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Den7 /17/96

748-0836 Daytime Phone #

- 1 180111 18001 30111 06114 4018 19111 0101 01011 31011 01011 01011 01011 01011 01011

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