


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90009 012 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 750084					
1. Corporation Name SUNRISE LAKES CONDOMINIUM PHASE 4, INC. 1					
Principal Place of Business A & M PROPERTY MGMT., INC. 3475 HIATUS ROAD SUNRISE FL 33351 US			Mailing Address A & M PROPERTY MGMT., INC. 3475 HIATUS ROAD SUNRISE FL 33351 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/06/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2036155	
24 Country		29 Country		30 Country	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
A & M PROPERTY MGMT. INC. 3475 HIATUS ROAD SUNRISE FL 33351				81 Name A. & M. PROPERTY MGT., INC. 82 Street Address (P.O. Box Number is Not Acceptable) 83 3475 North Hiatus Road 84 City Sunrise, FL 85 Zip Code 33351			

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 _____ DATE **3/17/99**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP/D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEPPER, SOL			1.2 NAME			
STREET ADDRESS	10331 SUNRISE LAKES BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSENSON, ABE			2.2 NAME			
STREET ADDRESS	2982 NOB HILL ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL			2.4 CITY-ST-ZIP			
TITLE	VP/D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACQUELINE RODRIGUEZ			3.2 NAME			
STREET ADDRESS	10400 NW 30TH CT			3.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33322			3.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HORNER, MARTY			4.2 NAME			
STREET ADDRESS	2901 NOB HILL RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL			4.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOLDBECK, JOHN			5.2 NAME			
STREET ADDRESS	10451 SUNRISE LAKES BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL			5.4 CITY-ST-ZIP			
TITLE	FT	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MANCIN, SARA			6.2 NAME			
STREET ADDRESS	2901 NOB HILL RD.			6.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL			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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99 (954) 748-0836
 Date Daytime Phone #