

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90049 009 ****61.25

DOCUMENT # 750084

1. Entity 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**

24017436



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2036155

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**A & M PROPERTY MGMT. INC.
3475 HIATUS ROAD
SUNRISE, FL 33351**

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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 **TD** ☐ Delete
NAME **GOLDSTEIN, GERRY**
STREET ADDRESS **10100 NW 30TH CT**
CITY-ST-ZIP **SUNRISE, FL**

TITLE **SD** ☐ Delete
NAME **DOREEN, KAY**
STREET ADDRESS **10145 SUNRISE LAKES BLVD. 308**
CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE **VP/D** ☐ Delete
NAME **JACQUELINE RODRIGUEZ**
STREET ADDRESS **10400 NW 30TH CT**
CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE **VP** ☐ Delete
NAME **HORNER, MARTY**
STREET ADDRESS **2901 NOB HILL RD**
CITY-ST-ZIP **SUNRISE, FL**

TITLE **P** ☐ Delete
NAME **GOLDBECK, JOHN**
STREET ADDRESS **10451 SUNRISE LAKES BLVD**
CITY-ST-ZIP **SUNRISE, FL**

TITLE **VPD** ☐ Delete
NAME **RUBENSTRIN, SHIRLEY**
STREET ADDRESS **10467 SUNRISE LAKES BLVD**
CITY-ST-ZIP **SUNRISE, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 like empowered.

SIGNATURE:

[Signature] **JOHN GOLDBECK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04

Date

954-748-0836

Daytime Phone #

PRESIDENT