

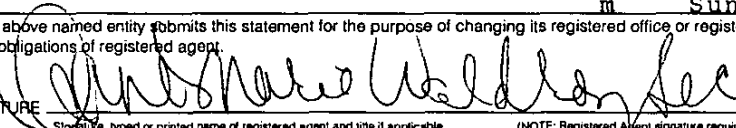



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90003 040 ****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		
2. Principal Place of Business A & M PARTNERS, INC Suite, Apt. #, etc. 3475 N. Hiatus Road City & State Sunrise FL Zip 33351		3. Mailing Address A & M PARTNERS, INC. Suite, Apt. #, etc. 3475 N. Hiatus Road City & State Sunrise FL Zip 33351			
4. FEI Number 59-2036155		Applied For <input type="checkbox"/> Not Applicable		02152005 Chg-NP CR2E037 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent A & M PROPERTY MGMT. INC. 3475 HIATUS ROAD SUNRISE, FL 33351			7. Name and Address of Now Registered Agent Name A & M PARTNERS, INC. Street Address (P.O. Box Number is Not Acceptable) 3475 North Hiatus Road City Sunrise FL Zip Code 33351		
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 _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDSTEIN, GERRY 10100 NW 30TH CT SUNRISE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOREEN, KAY 10145 SUNRISE LAKES BLVD. 308 SUNRISE, FL 33322	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D JACQUELINE RODRIGUEZ 10400 NW 30TH CT SUNRISE, FL 33322	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORNER, MARTY 2901 NOB HILL RD SUNRISE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDBECK, JOHN 10451 SUNRISE LAKES BLVD SUNRISE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUBENSTRIN, SHIRLEY 10467 SUNRISE LAKES BLVD SUNRISE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:  PRESIDENT Date 2/24/05 Daytime Phone # _____					