

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90305 012 \*\*\*\*61.25

0034920

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2036155**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>GOLDSTEIN, GERRY</b>	
STREET ADDRESS	<b>40100 NW 30TH CT</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROSENSON, ABE</b>	
STREET ADDRESS	<b>2982 NOB HILL ROAD</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
TITLE	<b>VP/D</b>	<input type="checkbox"/> Delete
NAME	<b>JACQUELINE RODRIGUEZ</b>	
STREET ADDRESS	<b>10400 NW 30TH CT</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33322</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HORNER, MARTY</b>	
STREET ADDRESS	<b>2901 NOB HILL RD</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GOLDBECK, JOHN</b>	
STREET ADDRESS	<b>10451 SUNRISE LAKES BLVD</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>RUBENSTRIN, SHIRLEY</b>	
STREET ADDRESS	<b>10467 SUNRISE LAKES BLVD</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Doreen Kay</b>	
STREET ADDRESS	<b>10145 Sunrise Lakes Boulevard 308</b>	
CITY-ST-ZIP	<b>Sunrise, FL 33322</b>	
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 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/Recorded*

CR2E037 (10/02)