FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

AMENDED
CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 24 AM 11:44

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-03/27/95--01022--013
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DO NOT WRITE IN THIS SPACE

DOCUMENT # 750305

1. Corporation Name

Sunrise Lakes Phase 4 Recreation Association, Inc.

Principal Place of Business

c/o Gold Coast
Property Mgmt
10001 W. Oakland Park Blvd.
Sunrise, FL 33351

Mailing Address

same

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: 12/20/79
3a. Date of Last Report: 03/15/95
4. FEI Number: 59-2640153 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Watsky, Morris
W.B. Homes
700 NW 107 Ave.
Miami, FL 33172

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Hurwitz, Jerry
STREET ADDRESS	2551 NW 103 Ave
CITY-ST-ZIP	Sunrise, FL
TITLE	V/P
NAME	Rodriguez, Don
STREET ADDRESS	10400 NW 30 Ct
CITY-ST-ZIP	Sunrise, FL
TITLE	T/D
NAME	Sam Plutner
STREET ADDRESS	2607 NW 104 Ave B212 #101
CITY-ST-ZIP	Sunrise, FL
TITLE	D
NAME	Mason, Larry
STREET ADDRESS	10332 Sunrise Lakes Blvd.
CITY ST ZIP	Sunrise, FL
TITLE	D
NAME	Miller, Larry
STREET ADDRESS	10369 NW 24Pl B187
CITY ST ZIP	Sunrise, FL
TITLE	D
NAME	Sanders, Belle
STREET ADDRESS	10207 Sunrise Lakes Blvd.
CITY-ST-ZIP	Sunrise, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	☒ Change	☐ Addition
12 NAME	Riefs, Martin L		
13 STREET ADDRESS	7600 Nob Hill Road		
14 CITY-ST-ZIP	Tamarac, FL		
21 TITLE	V/D	☒ Change	☐ Addition
22 NAME	Drews, Robert W.		
23 STREET ADDRESS	7600 Nob Hill Road		
24 CITY-ST-ZIP	Tamarac, FL		
31 TITLE	S/D	☒ Change	☐ Addition
32 NAME	Pedone, Sue		
33 STREET ADDRESS	7600 Nob Hill Road		
34 CITY ST ZIP	Tamarac, FL		
41 TITLE	T/D	☒ Change	☐ Addition
42 NAME	Smolack, Mike		
43 STREET ADDRESS	7600 Nob Hill Road		
44 CITY ST ZIP	Tamarac, FL		
51 TITLE		☐ Change	☐ Addition
52 NAME			
53 STREET ADDRESS			
54 CITY ST ZIP			
61 TITLE		☐ Change	☐ Addition
62 NAME			
63 STREET ADDRESS			
64 CITY ST ZIP			

1755 B/24/95

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)(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.

SIGNATURE: Martin J Riefs MARTIN L. RIEFS 3/21/95 (305) 722-0121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750350

1. Corporation Name: Casa Del Rio Condominium Assoc. Inc.
1489 W. Palmetto Park Road #414
Boca Raton, Fl 33486

900001439329
-03/24/95--01074--019
DO NOT WRITE IN THIS SPACE ****130.00 ****130.00

Principal Place of Business	Mailing Address
2. c/o Marlin Prop. Mgmt Co	2a. 1489 W. Palmetto Pk. Rd
22. Suite, Apt. #, etc. 1489 W. Palmetto Pk. Rd.	27. Suite, Apt. #, etc. #414
23. City & State Boca Raton, Fl	28. City & State Boca Raton, Fl
* 24. Zip 33486 25. Country Palm Beach	29. Zip 33486 30. Country Palm Beach

3. Date Incorporated or Qualified: 12/26/79
3a. Date of Last Report: 1994
4. FEI Number: 59-2070813 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Palombi, Gary	81. Name: Linda Reiner c/o Marlin Prop. Mgmt.
6421 Congress Ave #100	82. Street Address (P.O. Box Number is Not Acceptable): 1489 W. Palmetto Park Road
Boca Raton, Fl 33487	83. Suite 414
	84. City: Boca Raton FL 85. Zip Code: 33486

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Linda Reiner Linda Reiner 3/16/95
(Signature, typed or printed name of registered agent and title if associated) (NOTE: Registered Agent signature required when reinstated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	P/D ☒ Change ☐ Addition Rooney, Edward P. 14751 Summersong Lane Delray Beach, Fl
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	V/D ☒ Change ☐ Addition Childs, Rosemary C. 470 NW 20 St. #C209 Boca Raton, Fl
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	T/D ☒ Change ☐ Addition Springer-Mako, James 450 NW 20 St. #E312 Boca Raton, Fl
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	S/D ☒ Change ☐ Addition Cavannaugh, Ruth 490 NW 20 St. A305 Boca Raton, Fl
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	D/D ☒ Change ☐ Addition Harris, Seymour 10258 Buena Ventura Dr. Boca Raton, Fl
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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)(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 above, or on an attachment with an addition.

SIGNATURE: PRES 3/16/95 407-750-8058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)
LW 3-23-95