

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753310

1. Entity Name

SUNRISE SPRINGS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3712 N.W. 88TH AVE.
SUNRISE FL 33351

Mailing Address

3712 N.W. 88TH AVE.
SUNRISE FL 33351

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

59-2143276

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

STRALEY, STEPHEN J P.A.
3990 SHERIDAN STREET
SUITE 109
HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

3. 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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREIDMAN, MADELINE 3700 N.W. 88 AVE # 204 SUNRISE FL 33351	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREGORY, EILEEN M 3700 NW 88 AVE., #212 SUNRISE FL 33351	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCOTT, BETTY 3700 NW 88 AVE #112 SUNRISE FL 33351	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KONIECZKA, STEVEN J 3720 NW 88 AVE., #329 SUNRISE FL 33351	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEITZNER, PAUL 5420 QUEEN LAKE DAVIE FL 33331	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KATHLEEN FLORCZAK 3700 N. W. 88TH AVE. #408 SUNRISE, FL. 33351 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LORIS ARIS 3710 N. W. 88th AVE. #116 SUNRISE, FL. 33351 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIA PEREZ 3710 N. W. 88TH AVE. #216 SUNRISE, FL. 33351 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

2. 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 REQUIRED

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90101 050 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)