FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

3-2-95 B-17444 C

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
FEB 16 1995
'95 MAR -2 P6:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757103 (7)

1. Corporation Name

SUNRISE LAKES CONDOMINIUM PHASE 4, INC. 2

Principal Place of Business	Mailing Address
% GOLD COAST PROPERTY MGMT. INC. 10001 W OAKLAND PK BLVD. SUITE 300 SUNRISE FL 33351	% GOLD COAST PROPERTY MGMT. INC. 10001 W OAKLAND PK BLVD. SUITE 300 SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1981
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-2115613 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GOLD COAST PROPERTY MGMT, INC
10001 W OAKLAND PK BLVD, #300
SUNRISE FL 33351

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	KAMINSKY, MURRAY	1.2 NAME	
STREET ADDRESS	10442 SUNRISE LAKES BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	
TITLE	1V	2.1 TITLE	☐ Change ☐ Addition
NAME	HELFMAN, ELI	2.2 NAME	
STREET ADDRESS	2606 N.W. 104TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	
TITLE	~~2V~~	3.1 TITLE	☑ Change ☐ Addition
NAME	~~GOLDMAN, AL~~	3.2 NAME	3 VP JACK ROSEN
STREET ADDRESS	~~10466 SUNRISE LAKES BLVD~~	3.3 STREET ADDRESS	10456 NW 84 PL
CITY-ST-ZIP	~~SUNRISE FL~~	3.4 CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	~~VD~~	4.1 TITLE	☐ Change ☑ Addition
NAME	~~GILMORE, GEORGE~~	4.2 NAME	D SAM PLUTNER
STREET ADDRESS	~~2638 NE 104TH AVE~~	4.3 STREET ADDRESS	2607 NW 104 AVE.
CITY-ST-ZIP	~~SUNRISE FL~~	4.4 CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	TD	5.1 TITLE	☑ Change ☑ Addition
NAME	KOPF, MURRAY	5.2 NAME	TD Lester Lampner
STREET ADDRESS	2704 NW 104TH AVE	5.3 STREET ADDRESS	2635 N.W. 104 Ave
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	Sunrise, FL 33322
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SOULE, SYDNEY	6.2 NAME	
STREET ADDRESS	2604 NW 104TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	6.4 CITY-ST-ZIP	

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: Murray Kopf VP Feb. 23-95
SIGNATURE AND TITLE OR PRINTED NAME OF BIDING OFFICER OR DIRECTOR — Date — Daytime Phone #

Murray Kopf VP

0010666