FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
JAN 23 1996

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

3. Date Incorporated or Qualified: 04/01/1981
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	KAMINSKY, MURRAY		1.2 NAME	Lester Lampner	
STREET ADDRESS	10442 SUNRISE LAKES BLVD		1.3 STREET ADDRESS	2635 N.W. 104 Ave Bldg. 213 Apt 401	
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP	Sunrise, FL 33322	
TITLE	1V	☐ DELETE	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	TVP	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROSEN, JACK		3.2 NAME		
STREET ADDRESS	10456 NW 24TH PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PLUTNER, SAM		4.2 NAME		
STREET ADDRESS	2607 NW 104TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KOPF, MURRAY		5.2 NAME		
STREET ADDRESS	2704 NW 104TH AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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		

CR2E037 (12/95)

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)(k), 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: _____ 1-18-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #