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NONPROFIT CORPORATION ANNUAL REPORT

SUNRISE FL

CITY - ST-ZIP



FLORIDA DEPARTMENT_QF STATE Sandra B. Mortham 1

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Mar 21 1997 8:00am

Secretary of State

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1997

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SUNRISE LAKES CONDOMINIUM PHASE 4, INC. 2

Principal Place of Business Mailing Address A & M PROPERTY MGMT., INC. A & M PROPERTY MGMT., INC. 3475 Hiatus Road 3475 Hiatus Road 3. Date Incorporated or Qualified 04/01/1981 Sunrise, FL 33351 Sunrise, FL 33351 01/31/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2115613 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Źφ Country Z_{ID} Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name & M PROPERTY MGMT., INC. 82 Street Address (P.O. Box Number is Not Acceptable) 3475 Hiatus Road Sunrise, FL 33351 83 Zip Code 85 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 MALCOLM H. WOLDEN, III 17251 DENT
Signature, typed or produce common of registered agent and offer dispersable (NOTE Reg ed when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRESIDENT (D) DELETE DILE 1 1 TITLE Change KAMINSKY, MURRAY 2607 NW 1044 AVE NAME 1.2 NAME 10442 SUNRISE LAKES BLVD STREET ACCURESS 13 STREET ADDRESS SUNRISE, Florida 33322 SUNRISE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change Addition 21 TITLE HELFMAN, ELI NAME 22 NAME 2606 N.W. 104TH AVE. STREET ADDRESS 2.3 STREET ADDRESS SUNRISE FL CiTY~S1-7/P 2 4 CITY-ST-ZIP # DIRECTOR (D) DELETE TIBLE Change Addition 3.1 TITLE LAMPNER, LESTER NAME 3.2 NAME 2635 NW 104 AVE., BLDG. 213 APT. 401 STREET ADDRESS 3.3 STREET ADDRESS SUNRISE FL CITY - S1 - ZIP 3.4. CITY-ST-ZIP TREAS. (D) DELETE TITLE 41 TITLE ☐ Change Addition PLUTNER, SAM NAME 4 2 NAME 2607 NW 104TH AVENUE STHEET ADDRESS 4.3 STREET ADDRESS SUNRISE FL CHTY - ST - 7IP 44 CITY-ST-ZIP 10- IVP DELETE Addition THILE (b) 51 TITLE Change KOPF, MURRAY NAME 52 NAME 2704 NW 104TH AVE STREET ADDRESS 5.3 STREET ADDRESS SUNRISE FL CHTY+ST-ZIP 54 CITY-ST-ZIP DELETE Addition TITLE 61 TITLE Change STANLEY MORTMAN 4638 NU 104THAVE SOULE, SYDNEY NAME 62 NAME 2604 NW 104TH AVE STREET ADDRESS 63 STREET ADDRESS SUDRISE, FLORIDA

64 CITY-ST-ZIP

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

14. I do 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

on an atlachment with an address.