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FILED
Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757103 (7)
 1. Corporation Name
SUNRISE LAKES CONDOMINIUM PHASE 4, INC. 2



Principal Place of Business A & M PROPERTY MGMT INC 3475 QUATYS RD SUNRISE F 33351 US	Mailing Address A & M PROPERTY MGMT INC 3475 HIATUS RD SUNRISE FL 33351 US
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3. Date Incorporated or Qualified 04/01/1981		
4. FEI Number 59-2115613	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 A & M PROPERTY MGT Suite, Apt. #, etc. 22 3475 Hiatus Road City & State 23 Sunrise FL Zip 24 33351	2a. Mailing Address 26 Suite, Apt. #, etc. City & State 27 Sunrise FL Zip 29 33351	Country 25 USA	Country 30 USA
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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 Malcolm H. Waldron, III
82 Street Address (P.O. Box Number Is Not Acceptable) 3475 Hiatus Road
84 City Sunrise FL 85 Zip Code 33351

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: *[Signature]* DATE: **4/6/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P	<input checked="" type="checkbox"/> DELETE NAME KAMINSKY, MURRAY STREET ADDRESS 10442 SUNRISE LAKES BLVD CITY-ST-ZIP SUNRISE FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE PD	<input type="checkbox"/> DELETE NAME DAVID DEUTSCH STREET ADDRESS 2607 NW 104TH AVE CITY-ST-ZIP SUNRISE FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE D	<input type="checkbox"/> DELETE NAME LAMPNER, LESTER STREET ADDRESS 2635 NW 104 AVE., BLDG. 213 APT. 401 CITY-ST-ZIP SUNRISE FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE T	<input type="checkbox"/> DELETE NAME PLUTNER, SAM STREET ADDRESS 2607 NW 104TH AVENUE CITY-ST-ZIP SUNRISE FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE VPD	<input type="checkbox"/> DELETE NAME KOPF, MURRAY STREET ADDRESS 2704 NW 104TH AVE CITY-ST-ZIP SUNRISE FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE SD	<input type="checkbox"/> DELETE NAME STANLEY MORTMAN STREET ADDRESS 2638 NW 104TH AVE CITY-ST-ZIP SUNRISE FL	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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: *[Signature]* **4/6/98** **741-4666**

CR2E037 (10/97)