


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90049 019 ****61.25

DOCUMENT # 757103

1. Entity Name
SUNRISE LAKES CONDOMINIUM PHASE 4, INC. 2



Principal Place of Business A & M PROPERTY MGT 3475 N HIATUS RD SUNRISE, F 33351 US	Mailing Address A & M PROPERTY MGT 3475 N HIATUS RD SUNRISE, F 33351 US
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24017482



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03022004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2115613	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**A & M PROPERTY MANAGEMENT, INC
 3475 N HIATUS RD
 SUNRISE, FL 33351**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cherie Marie Walden* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID DEUTSCH 2607 NW 104TH AVE SUNRISE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 VPD Stuart Miller 3475 North Hiatus Road Sunrise, FL 33351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERLIN, NORMAN 2786 NW 104TH AVE SUNRISE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PLUTNER, SAM 2607 NW 104TH AVENUE SUNRISE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO KOPF, MURRAY 2704 NW 104TH AVE SUNRISE, FL <input type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Murray Kopf 2704 NW 104th Avenue Sunrise, FL 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVINGSTON, ROBERT 2521 NW 104TH AVE SUNRISE, FL <input type="checkbox"/> Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	Robert Livingston 2521 NW 104th Avenue Sunrise, FL 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOHAMMED, METZI 2607 NW 104TH AVE 107 SUNRISE, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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: *Robert Livingston* Date **Nov 4, 2004** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR