2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State
04-07-2008 90023 042 ****61.25

DOCUMENT # 757103

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

Principal Place of Business	Mailing Address
A & M PARTNERS, INC. 3475 N HIATUS RD SUNRISE, F 33351 US	A & M PARTNERS, INC. 3475 N HIATUS RD SUNRISE, F 33351 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03312008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2115613 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
A & M PARTNERS, INC. 3475 N HIATUS RD SUNRISE, FL 33351	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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	VP PIMPINELLI, JOHN 3475 NORTH HIATUS ROAD SUNRISE, FL 33351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition PRESIDENT JUDITH GRAHAM 3495 NORTH HIATUS ROAD SUNRISE, FL 33351
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CASPER, LARRY 3475 NORTH HIATUS ROAD SUNRISE, FL 33351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition VICE PRESIDENT ARNOLD WAYNE 3495 NORTH HIATUS ROAD SUNRISE, FL 33351
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SANDOR, JOSEPH 3475 NORTH HIATUS ROAD SUNRISE, FL 33351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition RECORDING SECRETARY CONNIE SALOME 3495 NORTH HIATUS ROAD SUNRISE, FL 33351
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAMS, BENJAMIN 3475 NORTH HIATUS ROAD SUNRISE, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition TREASURER BENJAMIN WILLIAMS 3495 NORTH HIATUS ROAD SUNRISE, FL 33351
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TENNER, ARNOLD 3475 NORTH HIATUS ROAD SUNRISE, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition VICE PRESIDENT ARNOLD TENNER 3495 NORTH HIATUS ROAD SUNRISE, FL 33351
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition CORRESPONDING SECRETARY ADELE GOLDBERG 3495 NORTH HIATUS ROAD SUNRISE, FL 33351

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Judith Graham 4/24/08 954-742-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #