

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90041 044 ****61.25

40017437



01192005 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0017254** Applied For Not Applicable

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

DOCUMENT # 757104
 1. Entity Name
SUNRISE LAKES CONDOMINIUM PHASE 4, INC. 3



Principal Place of Business
4373 ROCK ISLAND ROAD LAUDERHILL, FL 33319 US

Mailing Address
4373 ROCK ISLAND ROAD LAUDERHILL, FL 33319 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent
HARNETT, JOHN
4373 ROCK ISLAND ROAD
FORT LAUDERDALE, FL 33319

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BERGSOHN, KENNETH <i>Charles Hipman</i>	
STREET ADDRESS	2601 N.W. HILL ROAD <i>2560 N.W. 103 Ave. #207</i>	
CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	V	<input type="checkbox"/> Delete
NAME	LANGENDORF, MARVIN <i>Arnold Adlar</i>	
STREET ADDRESS	10133 N.W. 24 PLACE <i>2560 N.W. 103 Ave. #310</i>	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33322	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARL, ELAINE <i>Miriam Yodowitz</i>	
STREET ADDRESS	10360 N.W. 24 PLACE <i>10382 N.W. 24 Pl</i>	
CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	T	<input type="checkbox"/> Delete
NAME	SALTZBERG, NATHAN	
STREET ADDRESS	10133 N.W. 24TH PLACE	
CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ARONSON, RUTH	
STREET ADDRESS	2580 NW 103 AVENUE #306	
CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ruth Aronson* *2/2/05*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #