

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-15-2008 90007 019 ****61.25


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757104

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



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

01212008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0017254

Applied For
 Not Applicable

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



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 **GLOGOWER MARC**

Street Address (P.O. Box Number is Not Acceptable)
4373 Rock Island Road

City **Fort Lauderdale** FL Zip Code **33319**

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 _____ DATE _____

Signature, typed or printed name, and registered agent will file if applicable. (NOTE: Registered Agent signature required when re-registering)

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	P LIPMAN, CHARLES 2560 NW 103 AVE #207 SUNRISE, FL 33322 <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	V ALDER, ARNOLD 2560 NW 103 AVE #310 FORT LAUDERDALE, FL 33322 <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 YODOWITZ, MIRIAM 10382 NW 24 PL SUNRISE, FL 33322 <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	ST ARONSON, RUTH 2603 NW 103 ST SUNRISE, FL 33322 <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	VP HAQUE, RICHARD 10315 NW 34 PL FORT LAUDERDALE, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAGUE, RICHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10315 NW 24th PLACE SUNRISE FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 employment.

SIGNATURE: Richard Hague Date: 7/23/04 Daytime Phone #: 904-577-9700

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR