

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **757782** (8)

1. Corporation Name

SUNRISE LAKES MEN'S CLUB PHASE III, INC.



Principal Place of Business

C/O DAVID PLASCOWE
8881 SUNRISE LAKES BLVD.
SUNRISE FL 33322
US

Mailing Address

C/O DAVID PLASCOWE
8881 SUNRISE LAKES BLVD.
SUNRISE FL 33322
US

3. Date Incorporated or Qualified
04/29/1981

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2102559

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAHN, HOWARD
9360 SUNRISE LAKES BLVD
BLDG 141 APT 310
SUNRISE FL 33322

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VICHENGRAD, MORRIS	
STREET ADDRESS	9540 SUNRISE LAKES BLVD.	
CITY-ST-ZIP	SUNRISE, FL 00000	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BERLAND, IRVING	
STREET ADDRESS	9501 SUNRISE LAKES BLVD.	
CITY-ST-ZIP	SUNRISE, FL 00000	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BLOOM, MACK	
STREET ADDRESS	9841 SUNRISE LAKES BLVD	
CITY-ST-ZIP	SUNRISE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KAHN, HOWARD	
STREET ADDRESS	9360 SUNRISE LAKES BLVD,	
CITY-ST-ZIP	SUNRISE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Irwin Bronstein		
1.3 STREET ADDRESS	2801 Pine Island Rd	Sunrise FL 33322	
1.4 CITY-ST-ZIP			
2.1 TITLE	1st Vice Pres.	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gerald Jacobson		
2.3 STREET ADDRESS	2780 Pine Island Rd	Sunrise FL 33322	
2.4 CITY-ST-ZIP			
3.1 TITLE	2nd Vice Pres.	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Simon Penso		
3.3 STREET ADDRESS	9361 Sunrise Lakes Blvd	Sunrise FL 33322	
3.4 CITY-ST-ZIP			
4.1 TITLE	TD		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kahn Howard		
4.3 STREET ADDRESS	9360 Sunrise Lakes Blvd		
4.4 CITY-ST-ZIP	Sunrise FL 33322		
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96 (954) 742-9231
DATE DAY/PHONE #

CR2E037 (12/95)

03-30-1996