

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 16 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **757782** (8)

1. Corporation Name

**SUNRISE LAKES MEN'S CLUB PHASE III., INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>C/O DAVID PLASCOWE<br/>8881 SUNRISE LAKES BLVD.<br/>SUNRISE FL 33322<br/>US</b> | Mailing Address<br><b>C/O DAVID PLASCOWE<br/>8881 SUNRISE LAKES BLVD.<br/>SUNRISE FL 33322<br/>US</b> |
|---|---|

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> Country |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>04/29/1981</b>   |  |
| 4. FEI Number<br><b>59-2102559</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br><b>KAHN, HOWARD<br/>9360 SUNRISE LAKES BLVD<br/>BLDG 105-APT 309<br/>SUNRISE FL 33322</b> |  |
|--|--|

|   |                       |
|---|-----------------------|
| 10. Name and Address of New Registered Agent          |                       |
| 81 Name   |                       |
| 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
| 83  |                       |
| 84 City   | <b>FL</b> 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 signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | <b>PD</b> <input checked="" type="checkbox"/> DELETE   |
| NAME                       | <b>BRONSTEIN, IRWIN</b>                                |
| STREET ADDRESS             | <b>2801 PINE ISLAND RD.</b>                            |
| CITY-ST-ZIP                | <b>SUNRISE FL 33323</b>                                |
| TITLE                      | <b>1VPD</b> <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>JACOBSON, GERALD</b>                                |
| STREET ADDRESS             | <b>2780 PINE ISLAND RD.</b>                            |
| CITY-ST-ZIP                | <b>SUNRISE FL 33322</b>                                |
| TITLE                      | <b>2VPD</b> <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>PENSO, SIMON</b>                                    |
| STREET ADDRESS             | <b>9321 SUNRISE LAKES BLVD</b>                         |
| CITY-ST-ZIP                | <b>SUNRISE FL 33322</b>                                |
| TITLE                      | <b>TD</b> <input type="checkbox"/> DELETE              |
| NAME                       | <b>KAHN, HOWARD</b>                                    |
| STREET ADDRESS             | <b>9360 SUNRISE LAKES BLVD,</b>                        |
| CITY-ST-ZIP                | <b>SUNRISE FL 33322</b>                                |
| 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   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  | <b>PD</b>  |
| 1.3 STREET ADDRESS                                    | <b>Jacobson Gerald</b>   |
| 1.4 CITY-ST-ZIP                                       | <b>2780 Pine Island Road</b>   |
| 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  | <b>1VPD</b>  |
| 2.3 STREET ADDRESS                                    | <b>Plotkin Lou</b>   |
| 2.4 CITY-ST-ZIP                                       | <b>9461 Sunrise Lakes Blvd</b>   |
| 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  | <b>2VPD</b>  |
| 3.3 STREET ADDRESS                                    | <b>Schneider Norman</b>  |
| 3.4 CITY-ST-ZIP                                       | <b>9461 Sunrise Lakes Blvd</b>   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  | <b>TD</b>  |
| 4.3 STREET ADDRESS                                    | <b>Kahn Howard</b>   |
| 4.4 CITY-ST-ZIP                                       | <b>9360 Sunrise Lakes Blvd</b>   |
| 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 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 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: *Howard Kahan*

3/6/98

CR2E037 (10/97)