

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90046 038 ****61.25

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DOCUMENT # 757782

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



2315541-90046-5 4 *

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

04/29/1981

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

9. Name and Address of Current Registered Agent

KAHN, HOWARD
9360 SUNRISE LAKES BLVD
BLDG 105-APT 309
SUNRISE FL 33322

10. Name and Address of New Registered Agent

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **JACOBSON, GERALD**
STREET ADDRESS **2780 PINE ISLAND ROAD**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **FVPD** ☐ DELETE
NAME **PLOTKIN, LOU**
STREET ADDRESS **9461 SUNRISE LAKES BLVD**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **SVPD** ☐ DELETE
NAME **SCHNEIDER, NORMON**
STREET ADDRESS **9461 SUNRISE LAKES BLVD**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **TD** ☐ DELETE
NAME **KAHN, HOWARD**
STREET ADDRESS **9360 SUNRISE LAKES BLVD,**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **TD** ☒ DELETE
NAME **TAHN, HOWARD**
STREET ADDRESS **9360 SUNRISE LAKES BLVD**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99

Date

Daytime Phone #

CR2E037 (11/98)