

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90170 007 \*\*\*\*70.00

**DOCUMENT # 766484**

1. Entity Name  
**SUNRISE MANOR SOUTH HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

**10923 NW 29TH PLACE  
SUNRISE FL 33322**

Mailing Address

**10923 NW 29TH PLACE  
SUNRISE FL 33322**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2513446**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKALAR, SUSAN P PA  
ATTORNEY AT LAW  
2240 SW 70TH AVE STE D  
DAVIE FL 33317**

**Bakalar, Brough & Chadrow, P.A.  
Westside Corporate Center  
150 South Pine Island Road, Suite 540  
Plantation, Fl. 33324**

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

*Bakalar, Brough & Chadrow PA*

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/23/2003*

**FILE NOW: FEE IS \$61.25**

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 **PD** ☐ Delete  
NAME **VIOLA, ROBERT J**  
STREET ADDRESS **2979 NW 110TH AVENUE**  
CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **SCHNEIDERMAN, DON**  
STREET ADDRESS **10919 NW 29 COURT**  
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ROTH, NITA**  
STREET ADDRESS **10908 N.W. 29 COURT**  
CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TSD** ☐ Delete  
NAME **DOLAN, SUSAN**  
STREET ADDRESS **2972 NW 110 AVENUE**  
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Robert J. Viola* *1/23/2003 5845727105*

CR2E037 (10/02)