

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 FEB 17 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002756 (4)**

1. Corporation Name

SUNRISE LAKES PHASE 3 RECREATION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2700 N.W. 94TH WAY
SUNRISE FL 33322

2700 N.W. 94TH WAY
SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1994

3a. Date of Last Report

4. FEI Number
65-0500506

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POLIAKOFF, GARY A
BECKER & POLIAKOFF, P.A.
3111 STIRLING RD.
FORT LAUDERDALE FL 33312**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	GREENWALD, ISABELLE
STREET ADDRESS	2700 N.W. 94TH WAY
CITY-ST-ZIP	SUNRISE FL 33322
TITLE	DV
NAME	PARIS, DAVID
STREET ADDRESS	2700 N.W. 94TH WAY
CITY-ST-ZIP	SUNRISE FL 33322
TITLE	DV
NAME	POLLACK, LEONARD
STREET ADDRESS	2700 N.W. 94TH WAY
CITY-ST-ZIP	SUNRISE FL 33322
TITLE	DV
NAME	MARKOWITZ, JACK
STREET ADDRESS	2700 N.W. 94TH WAY
CITY-ST-ZIP	SUNRISE FL 33322
TITLE	DS
NAME	SHEINER, BELLE
STREET ADDRESS	2700 N.W. 94TH WAY
CITY-ST-ZIP	SUNRISE FL 33322
TITLE	D
NAME	WILENS, HERB
STREET ADDRESS	2700 N.W. 94TH WAY
CITY-ST-ZIP	SUNRISE FL 33322

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DV
4.3 STREET ADDRESS	YETTA BOLTAX
4.4 CITY-ST-ZIP	2700 NW 94TH WAY
	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 checked="" type="checkbox"/> Addition
6.2 NAME	T
6.3 STREET ADDRESS	SY SCHIFF
6.4 CITY-ST-ZIP	2700 NW 94TH WAY
	SUNRISE FL 33322

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption attached in Section 416.07(3)(b), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/95 *741 1538*
DATE DATE



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 7, 1995

SUNRISE LAKES PHASE 3 RECREATION ASSOCIATION, INC.
2700 N.W. 94TH WAY
SUNRISE, FL 33322

SUBJECT: SUNRISE LAKES PHASE 3 RECREATION ASSOCIATION, INC.
Ref. Number: N94000002756

Please be advised, we have received your Annual Report; however, the document has not been filed and is being returned for the following:

Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not a valid FEI number. For FEI number assistance, call the IRS at 1-800-829-1040.

After the corrections have been made return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Toyanna Henderson
Annual Report Section

Letter number: 095A00005152