

**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 # 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

3. Date Incorporated or Qualified **06/02/1994** 3a. Date of Last Report **02/17/1995**

|    |                                |    |                     |    |  |                                       |         |    |   |
|----|--------------------------------|----|---------------------|----|--|---------------------------------------|---------|----|---|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number<br><b>65-0500506</b>  | Applied For                           |         |    |   |
| 22 | Suite, Apt. #, etc.            | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75 Additional Fee Required</b> |         |    |   |
| 23 | City & State                   | 28 | City & State        | 6. | Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b>    |         |    |   |
| 24 | Zip                            | 25 | Country             | 29 | Zip  | 30                                    | Country | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |

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   |
| 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 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | DP<br><b>GREENWALD, ISABELLE</b>             | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>2700 N.W. 94TH WAY</b>                    | 1.2 NAME  |  |
| STREET ADDRESS             | <b>SUNRISE FL 33322</b>                      | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DV <input type="checkbox"/> DELETE           | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>PARIS, DAVID</b>                          | 2.2 NAME  |  |
| STREET ADDRESS             | <b>2700 N.W. 94TH WAY</b>                    | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>SUNRISE FL 33322</b>                      | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DV <input type="checkbox"/> DELETE           | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>POLLACK, LEONARD</b>                      | 3.2 NAME  |  |
| STREET ADDRESS             | <b>2700 N.W. 94TH WAY</b>                    | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>SUNRISE FL 33322</b>                      | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DV <input type="checkbox"/> DELETE           | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>BOLTAX, YETTA</b>                         | 4.2 NAME  |  |
| STREET ADDRESS             | <b>2700 NW 94 WAY</b>                        | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>SUNRISE FL</b>                            | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DS <input type="checkbox"/> DELETE           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>SHEINER, BELLE</b>                        | 5.2 NAME  |  |
| STREET ADDRESS             | <b>2700 N.W. 94TH WAY</b>                    | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>SUNRISE FL 33322</b>                      | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>WILENS, HERB</b>                          | 6.2 NAME  |  |
| STREET ADDRESS             | <b>2700 N.W. 94TH WAY</b>                    | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>SUNRISE FL 33322</b>                      | 6.4 CITY-ST-ZIP                                       |  |

**TCD  
BY SCHIFF  
2700 N.W. 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 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: *Isabelle Greenwald* 1-18-96 305 741-1339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)