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Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Goddard  
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 33322-2753

3. Date Incorporated or Qualified  
06/02/1994

3a. Date of Last Report  
02/05/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0500506

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

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 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]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/15/97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME TCO  
STREET ADDRESS SCHIFF, SY  
2700 N.W. 94TH WAY  
CITY-ST-ZIP SUNRISE FL

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

TITLE  DELETE  
NAME DV  
STREET ADDRESS PARIS, DAVID  
2700 N.W. 94TH WAY  
CITY-ST-ZIP SUNRISE FL 33322

2.1 TITLE  Change  Addition  
2.2 NAME D/P  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME DV  
STREET ADDRESS POLLACK, LEONARD  
2700 N.W. 94TH WAY  
CITY-ST-ZIP SUNRISE FL 33322

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

TITLE  DELETE  
NAME DV  
STREET ADDRESS BOLTAX, YETTA  
2700 NW 94 WAY  
CITY-ST-ZIP SUNRISE FL

4.1 TITLE  Change  Addition  
4.2 NAME D/S  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME DS  
STREET ADDRESS SHEINER, BELLE  
2700 N.W. 94TH WAY  
CITY-ST-ZIP SUNRISE FL 33322

5.1 TITLE  Change  Addition  
5.2 NAME D/V  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME Herbert L. Wilens  
STREET ADDRESS 2700 NW 94th Way  
CITY-ST-ZIP Sunrise FL 33322

6.1 TITLE  Change  Addition  
6.2 NAME D/V  
6.3 STREET ADDRESS HERBERT L WILENS  
6.4 CITY-ST-ZIP 2700 N.W. 94TH WAY  
SUNRISE, FL., 33322

14. I do 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

1-15-97  
Date  
Daytime Phone # 0036873

CR2E037 (9/96)