


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002756 (4)
1. Corporation Name
SUNRISE LAKES PHASE 3 RECREATION ASSOCIATION, INC.



Principal Place of Business 2700 N.W. 94TH WAY SUNRISE FL 33322	Mailing Address 2700 N.W. 94TH WAY SUNRISE FL 33322
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3. Date Incorporated or Qualified 06/02/1994
4. FEI Number 65-0500506
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
POLIAKOFF, GARY A
BECKER & POLIAKOFF, P.A.
3111 STIRLING RD.
FORT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent
81 Name **Radosta Jack C.A.M.**
82 Street Address (P.O. Box Number is Not Acceptable)
2700 NW 94 WAY
83
84 City **Sunrise** FL 85 Zip Code **33322**

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: *Jack Radosta* DATE: **1/16/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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.

SIGNATURE: *Belle Sheiner* **REQUIRED** DATE: **1/16/98** **741-1338**

CR2E037 (10/97)