1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400002756

1. Corporation Name

SUNRISE LAKES PHASE 3 RECREATION ASSOCIATION, IN

Principal Place of Busine
2700 N.W. 94TH WAY
SUNRISE FL 33322

Mailing Address

2700 N.W. 94TH WAY SUNRISE FL 33322

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90114 048 ****61.25



								•		
2. Principal Pl	ace of Business	2a. Mailing Address				Date Incorporated or Qualifect	<u> </u>		-	
21		26				06/02/1994	,	,		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number	,	Арр	lied For	
22		27				65-0500506		Not	Applicable	
City & State	е	City & State	City & State			5. Certificate of Status Desired	. D (\$8.75 Additional Fee Required		
Zip	Country	Zip	Coun	try		6. Election Campaign Financing		\$5.00 N	/lay Be	
24	25 29 30					Trust Fund Contribution	' <u> </u>	Added to	Fees	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
	•		1	81 Na	ame		•		, .	
JACK, RADOSTA CAM				82 Street Address (P.O. Box Number is Not Acceptable)						
-				all of Addition (1.10. Box Maries 1.10.						
2700 NW 94 WAY SUNRISE FL 33322				33		,		11.		
SUINNISE FL 33322				94 Ci	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	85 Zip C	ode	
			'	•• Ci	ıy	,	FL			
office or fi	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	of Florida. Such change was au	thorized i	ov tne i	med corpo corporation	pration submits this statement for the n's board of directors. I hereby acco	e purpose of country	changing its r itment as reg	egistered istered	
agent. I a	m familiar with, and accept the obligati	ions of, Section 617.0503, Fiori	da Statut	es.			• •			
SIGNATURE	Signature, typed or printed name of registered agent	t and title if annicable (NOTE:	Registered A	oent sign	ature required	when reinstating)	DATE	<u> </u>	——]	
12.	OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTOR	RS IN 12	
TITLE	T DELETE			1.1 TITLE		, ,		Change	☐ Addition	
NAME	SCHIFF, SY		1.2 NAW	IE.				•		
STREET ADDRESS				EET ADD	RESS					
CITY-ST-ZIP	17:17:11:11:11:11:11:11:11:11:11:11:11:1			-ST-ZIP	·					
TITLE	DV	☐ DELETE	2.1 TITL	E				☐ Change	☐ Addition	
NAME	MILLER, MARTIN		2.2 NAM	Œ						
STREET ADDRESS				2.3 STREET ADDRESS					ŀ	
CITY-ST-ZIP	SUNRISE FL 2			Y-ST-ZIP						
TITLE	DV	DELETE	3.1 TITL	E				_ Change	Addition \	
NAME	POLLACK, LEONARD		3.2 NAM	Æ						
STREET ADDRESS	2700 N.W. 94TH WAY	•	3.3 STR	EET ADD	RESS		•			
City-St-ZIP	SUNRISE FL 33322		3.4. CIT	Y-ST-ZIP	·		_			
TITLE	DS	🔀 DELETE	4.1 TTL		DS			Change	☐ Addition	
NAME	FRANK, DAVID		4, 2 NA	ME	BO	CKSTEIN JOE				
STREET ADDRESS	2700 NW 94 WAY		4.3 STR	EET ADD	RESS 27	00 NW 94TH WAY				
CITY-ST-ZIP	SUNRISE FL			Y-ST-ZIP	SU	NRISE FL 33322		Chanco	☐ Addition	
TITLE	DP	☐ DELETE	5.1 TITL					Change	Addition	
NAME	SHEINER, BELLE		5.2 NAA						.	
STREET ADDRESS	2700 N.W. 94TH WAY			EET ADO	1				1	
CITY-ST-ZIP	SUNRISE FL	C DELETE	5.4 CIT	Y-ST-ZIP			<u>· · · · · · · · · · · · · · · · · · · </u>	Change	Addition	
TITLE	DV	☐ DELETE					***	□ cuande	C Widney	
NAME	WILENS, HERBERT L		6.2 NAM							
STREET ADDRESS	2700 N.W. 94TH WAY			EET ADD		•				
CITY, ST. 7fP	SUNDISE EL 33322		6.4 CIT	Y-ST-ZIP	1					

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, with all other like empowered.

SIGNATURE:

SUGNITURE PROPERTY IN THE INTERPRETATION OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/15/99 (954)74/-1338

:R2E037 (11/98