

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90022 046 ****61.25

DOCUMENT # N94000002756

1. Entity Name

SUNRISE LAKES PHASE 3 RECREATION ASSOCIATION, IN

Principal Place of Business

Mailing Address

2700 N.W. 94TH WAY
 SUNRISE FL 33322

2700 N.W. 94TH WAY
 SUNRISE FL 33322-2753

0 1 0 1 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0500506

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

JACK, RADOSTA CAM
 2700 NW 94 WAY
 SUNRISE FL 33322

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHIFF, SY 2700 N.W. 94TH WAY SUNRISE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, MARTIN 2700 N.W. 94TH WAY SUNRISE FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV POLLACK, LEONARD 2700 N.W. 94TH WAY SUNRISE FL 33322	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOCKSTEIN, JOE 2700 NW 94 WAY SUNRISE FL 33322	<input type="checkbox"/> Delete	DV BOCKSTEIN, JOE 2700 NW 94 WAY SUNRISE FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHEINER, BELLE 2700 N.W. 94TH WAY SUNRISE FL	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILENS, HERBERT L 2700 N.W. 94TH WAY SUNRISE FL 33322	<input type="checkbox"/> Delete	DP WILENS, HERBERT L 2700 N.W. 94TH WAY SUNRISE FL 33322

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herbert L Wilens
 2-15-00 741-1338

Date

Daytime Phone #