

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

0047849

DOCUMENT # N94000002756

1. Entity Name

SUNRISE LAKES PHASE 3 RECREATION ASSOCIATION, IN

01-30-2001 90009 008 ****61.25

Principal Place of Business

Mailing Address

2700 N.W. 94TH WAY
 SUNRISE FL 33322

2700 N.W. 94TH WAY
 SUNRISE FL 33322

00010343



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

JACK, RADOSTA CAM
2700 NW 94 WAY
SUNRISE FL 33322

Name

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

City

FL

Zip Code

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

TITLE	T	<input type="checkbox"/> Delete
NAME	SCHIFF, SY	
STREET ADDRESS	2700 N.W. 94TH WAY	
CITY-ST-ZIP	SUNRISE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MILLER, MARTIN	
STREET ADDRESS	2700 N.W. 94TH WAY	
CITY-ST-ZIP	SUNRISE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BOCKSTEIN, JOE	
STREET ADDRESS	2700 NW 94 WAY	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PARIS, DAVID	
STREET ADDRESS	2700 NW 94 HWY	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WILENS, HERBERT L	
STREET ADDRESS	2700 N.W. 94TH WAY	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELLE SHEINER	
STREET ADDRESS	9541 SUNRISE LAKES BLVD	
CITY-ST-ZIP	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

1/17/01 954-741-1338

Date

Daytime Phone #

CR2E037 (10/00)