

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**PAID**  
**JAN 28 2005**  
*5208*

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90040 021 \*\*\*\*61.25

40010780



01192005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N94000002756</b>					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0500506	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACOBSON, GERALD		NAME		
STREET ADDRESS	2780 PINE ISLAND RD. NORTH		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33322		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEINER, BELLE		NAME		
STREET ADDRESS	9541 SUNRISE LAKES BLVD		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33322		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOCKSTEIN, JOE		NAME		
STREET ADDRESS	2700 NW 94 WAY		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33322		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARIS, DAVID		NAME		
STREET ADDRESS	2741 PINE ISLAND RD. NORTH		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33322		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILENS, HERBERT		NAME		
STREET ADDRESS	2801 PINE ISLAND RD. NORTH		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33322		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, MARTIN		NAME	SD Fred FOSTER	
STREET ADDRESS	2700 NW 94 WAY		STREET ADDRESS	2700 NW 94TH WAY	
CITY-ST-ZIP	SUNRISE, FL 33322		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: <i>Belle Sheiner</i>			Date: <i>1/28/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		