


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90028 014 ****61.25

DOCUMENT # N94000002756			
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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 65-0500506		Applied For <input type="checkbox"/> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			



1st MOORE CR2E037 (10/05)

FILE NOW - FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACOBSON, GERALD 2780 PINE ISLAND RD. NORTH SUNRISE FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GERALD Jacobson 2700 NW 94 WAY Sunrise FL 33322 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHEINER, BELLE 9541 SUNRISE LAKES BLVD SUNRISE FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOCKSTEIN JOE 2700 NW 94 WAY Sunrise FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOCKSTEIN, JOE 2700 NW 94 WAY SUNRISE FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARTIN MILLER 2700 NW 94 WAY Sunrise FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARIS, DAVID 2741 PINE ISLAND RD. NORTH SUNRISE FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Herbert Wilens 2700 NW 94 WAY Sunrise FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILENS, HERBERT 2801 PINE ISLAND RD. NORTH SUNRISE FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Nelson 2700 NW 94 WAY Sunrise FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOSTER, FRED 2700 NW 94 WAY SUNRISE FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Berchman Lou Berchman 2700 NW 94 WAY Sunrise FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 

1/24/06