


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90105 017 ****61.25

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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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01082007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0500506

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JACK, RADOSTA CAM
 2700 NW 94 WAY
 SUNRISE, FL 33322

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JACOBSON, GERALD	
STREET ADDRESS	2700 NW 94 WAY	
CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BOCKSTEIN, JOE	
STREET ADDRESS	2700 NW 94 WAY	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33322	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MILLER, MARTIN	
STREET ADDRESS	2700 NW 94 WAY	
CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WILENS, HERBERT	
STREET ADDRESS	2700 NW 94 WAY	
CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NELSON, JOHN	
STREET ADDRESS	2700 NW 94 WAY	
CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERCHMAN, LOU	
STREET ADDRESS	2700 NW 94 WAY	
CITY-ST-ZIP	SUNRISE, FL 33322	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ Date: 1-15-07 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR