


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90032 043 ****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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

01072008 Chg-NP CR2E037 (12/06)

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 remaining)

Filing Fee is \$61.25
Due by May 1, 2008

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 3RD V.P.	<input type="checkbox"/> Delete
NAME BOCKSTEIN, JOE	
STREET ADDRESS 2700 NW 94 WAY	
CITY-ST-ZIP FORT LAUDERDALE, FL 33322	
TITLE DV	<input checked="" type="checkbox"/> Delete
NAME MILLER, MARTIN	
STREET ADDRESS 2700 NW 94 WAY	
CITY-ST-ZIP SUNRISE, FL 33322	
TITLE 2ND VP	<input type="checkbox"/> Delete
NAME WILENS, HERBERT	
STREET ADDRESS 2700 NW 94 WAY	
CITY-ST-ZIP SUNRISE, FL 33322	
TITLE 1ST V.P.	<input type="checkbox"/> Delete
NAME NELSON, JOHN	
STREET ADDRESS 2700 NW 94 WAY	
CITY-ST-ZIP SUNRISE, FL 33322	
TITLE 90 PRESIDENT	<input type="checkbox"/> Delete
NAME BERCHMAN, LOU	
STREET ADDRESS 2700 NW 94 WAY	
CITY-ST-ZIP SUNRISE, FL 33322	
TITLE SECRETARY	<input type="checkbox"/> Delete ADDITION
NAME MORTON BERGER	
STREET ADDRESS 2700 NW 94 WAY	
CITY-ST-ZIP SUNRISE, FL 33322	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE TREASURER / CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOAN ZAPPASODI	
STREET ADDRESS 2700 NW 94 WAY	
CITY-ST-ZIP SUNRISE, FL 33322	
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: Louis Berchman Date: 1-17-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

954-741-1338