

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 750084

**Entity Name:** SUNRISE LAKES CONDOMINIUM PHASE 4, INC. 1

**Current Principal Place of Business:**

8211 WEST BROWARD BOULEVARD  
SUITE PH1, FIFTH FLOOR  
PLANTATION, FL 33324

**Current Mailing Address:**

8211 WEST BROWARD BOULEVARD  
SUITE PH1, FIFTH FLOOR  
PLANTATION, FL 33324 US

**FEI Number:** 59-2036155

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAW OFFICES OF EDWARD F. HOLODAK, P.A.  
3326 NE 33RD STREET  
FORT LAUDERDALE, FL 33308 US

*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:** EDWARD F. HOLODAK

03/23/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name JOYCE , MADELIN  
Address 8211 WEST BROWARD BOULEVARD  
SUITE PH1 FIFTH FLOOR  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name KOPP, ANDREA  
Address 8211 WEST BROWARD BOULEVARD  
SUITE PH1 FIFTH FLOOR  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name ROMERO, JOSE  
Address 8211 WEST BROWARD BOULEVARD  
SUITE PH1 FIFTH FLOOR  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name AGUIS, LES  
Address 8211 WEST BROWARD BOULEVARD  
SUITE PH1 FIFTH FLOOR  
City-State-Zip: PLANTATION FL 33324

Title SECRETARY  
Name PORTNEY, SHEILA  
Address 8211 WEST BROWARD BOULEVARD  
SUITE PH1 FIFTH FLOOR  
City-State-Zip: PLANTATION FL 33324

Title CORPORATE SECRETARY  
Name VENTICINQUE, CARMINE  
Address 8211 WEST BROWARD BOULEVARD  
SUITE PH1 FIFTH FLOOR  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name POPE, STEPHANIE  
Address 8211 WEST BROWARD BOULEVARD  
SUITE PH1 FIFTH FLOOR  
City-State-Zip: PLANTATION FL 33324

Title TREASURER  
Name ABRAMOWITZ, HAL  
Address 8211 WEST BROWARD BOULEVARD  
SUITE PH1 FIFTH FLOOR  
City-State-Zip: PLANTATION FL 33324

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAROLYN HILL

PRESIDENT

03/23/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                PRESIDENT  
Name                HILL, CAROLYN  
Address            8211 WEST BROWARD BOULEVARD  
                      SUITE PH1 FIFTH FLOOR  
City-State-Zip:    PLANTATION FL 33324

Title                DIRECTOR  
Name                GONZALEZ, LUZ  
Address            8211 WEST BROWARD BOULEVARD  
                      SUITE PH1 FIFTH FLOOR  
City-State-Zip:    PLANTATION FL 33324