

2004
DOCUMENT # 701239

1. Entity Name

SUN SET COOPERATIVE APARTMENTS, INC.

Principal Place of Business

1110 N. RIVERSIDE DR.
1110 NORTH RIVERSIDE DR
POMPANO BEACH FL 33062

Mailing Address

1110 N. RIVERSIDE DR.
1110 NORTH RIVERSIDE DR
POMPANO BEACH FL 33062

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1002605

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRET, WALTER
1110 N RIVERSIDE DR
POMPANO BEACH FL 33062

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

400054204724

05/10/05--01041--007 **\$1.25

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHREIER, ERNEST E 1110 RIVERSIDE DRIVE POMPANO BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARRET, WALTER 1110 N RIVERSIDE DR POMPANO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EROSTON, JOBE 1110 N RIVERSIDE DR POMPANO BEACH FL 33062	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SWAINBANK, JOHN A 1110 N. RIVERSIDE DRIVE POMPANO BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BROWN, JODY W 1110 N RIVERSIDE DR POMPANO BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VERA MONTGOMRY 1110 N. RIVERSIDE DR POMPANO BEACH FL.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERIC ZORCHER 1110 N. RIVERSIDE DR POMPANO BEACH FL.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UTE KOHN 1110 N. RIVERSIDE DR. POMPANO BEACH FL.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANK ROBERTS 1110 RIVERSIDE DR POMPANO BEACH FL.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KURT MARTIN 1110 N. RIVERSIDE DR. POMPANO BEACH FL.	☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-30-05

(954) 946-3024