


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90056 039 ****61.25

DOCUMENT # 722195

1. Entity Name
SUNSET ISLE MAINTENANCE ASSN. 13, INC.



Principal Place of Business
5975 NW 84TH TERRACE
TAMARAC, FL 33321

Mailing Address
5975 NW 84TH TERRACE
TAMARAC, FL 33321

50014461



02052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1426246

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LUCAS, ROBERT.L
8302 NW 59TH STREET
TAMARAC, FL 33321

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DESIDERIO, JOHN 8104 N W 59 PLACE TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUCAS, ROBERT 8302 NW 59TH ST TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP MORELLO, ANTHONY 8103 NW 59TH ST TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP SEGAL, SAM 8409 SW 59TH PLACE TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP PAUL GUTEKUNST 8407 NW 59TH PL TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *John Desiderio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-05 *954-720-0149*
Date Daytime Phone #