


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90011 007 \*\*\*\*61.25

|  |                    |   |  |   |   |
|--|--------------------|---|--|---|---|
| <b>DOCUMENT # 722195</b>   |                    |   |  |  |   |
| 1. Entity Name<br>SUNSET ISLE MAINTENANCE ASSN. 13, INC.   |                    |   |  |   |   |
| Principal Place of Business<br>5975 NW 84TH TERRACE<br>TAMARAC, FL 33321   |                    |   | Mailing Address<br>5975 NW 84TH TERRACE<br>TAMARAC, FL 33321 |   |   |
| 2. Principal Place of Business   |                    |   | 3. Mailing Address   |   |   |
| Suite, Apt. #, etc.  |                    |   | Suite, Apt. #, etc.  |   |   |
| City & State   |                    |   | City & State   |   |   |
| Zip  |                    | Country   | Zip  |   | Country   |
| 6. Name and Address of Current Registered Agent  |                    |   |  | 7. Name and Address of New Registered Agent                                       |   |
| LUCAS, ROBERT L<br>8302 NW 59TH STREET<br>TAMARAC, FL 33321  |                    |   |  | Name  |   |
|  |                    |   |  | Street Address (P.O. Box Number is Not Acceptable)                                |   |
|  |                    |   |  | City  | FL  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                    |   |  |   |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be<br>Added to Fees   |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |                    |   |  |   |   |
| 10. OFFICERS AND DIRECTORS   |                    |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                             |   |
| TITLE  | T                  | <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | DESIDERIO, JOHN    |   |  | NAME  |   |
| STREET ADDRESS   | 8104 N W 59 PLACE  |   |  | STREET ADDRESS  |   |
| CITY-ST-ZIP  | TAMARAC, FL        |   |  | CITY-ST-ZIP   |   |
| TITLE  | P                  | <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | LUCAS, ROBERT      |   |  | NAME  |   |
| STREET ADDRESS   | 8302 NW 59TH ST    |   |  | STREET ADDRESS  |   |
| CITY-ST-ZIP  | TAMARAC, FL 33321  |   |  | CITY-ST-ZIP   |   |
| TITLE  | 1VP                | <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | GUTEKUNST, PAUL    |   |  | NAME  |   |
| STREET ADDRESS   | 8407 NW 59TH PL    |   |  | STREET ADDRESS  |   |
| CITY-ST-ZIP  | TAMARAC, FL 33321  |   |  | CITY-ST-ZIP   |   |
| TITLE  | 2VP                | <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | SEGAL, SAM         |   |  | NAME  |   |
| STREET ADDRESS   | 8409 SW 59TH PLACE |   |  | STREET ADDRESS  |   |
| CITY-ST-ZIP  | TAMARAC, FL 33321  |   |  | CITY-ST-ZIP   |   |
| TITLE  |                    | <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                    |   |  | NAME  |   |
| STREET ADDRESS   |                    |   |  | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                    |   |  | CITY-ST-ZIP   |   |
| TITLE  |                    | <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                    |   |  | NAME  |   |
| STREET ADDRESS   |                    |   |  | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                    |   |  | 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: <i>John Desiderio</i> JOHN DESIDERIO  |                    |   |  | Date: 2-24-06   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                    |   |  | Daytime Phone #: 954-920-0149   |   |

400622



01312006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-1426246

Applied For  
 Not Applicable

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