

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 744822 (8)

1. Corporation Name

SUNSHORES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3527 NE 168 ST  
N. MIAMI BEACH FL 33160

Mailing Address

3527 NE 168 ST  
N. MIAMI BEACH FL 33160



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

COOPER, DAVID  
3527 NE 168 ST  
#406  
N. MIAMI BCH FL 33160

3. Date Incorporated or Qualified

11/02/1978

3a. Date of Last Report

04/11/1995

4. FEI Number

59-1923907

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81. Name

Sue Ann Alaimo

82. Street Address (P.O. Box Number is Not Acceptable)

3527 NE 168 ST #409

83. City

North Miami Beach

84. State

N.M.B. FL

85. Zip Code

33160

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Sue Ann Alaimo Sec/Treas* Sue Ann Alaimo 6/20/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

COOPER, DAVID

STREET ADDRESS

3527 NE 168 ST #406

CITY - ST - ZIP

N MIAMI BEACH FL

TITLE

DST

NAME

ALAIMO, SUE

STREET ADDRESS

3527 NE 168TH ST #409

CITY - ST - ZIP

N MIAMI BCH, FL 0

TITLE

VO

NAME

FEINBERG, GREGG

STREET ADDRESS

3527 NE 168 ST #402

CITY - ST - ZIP

N. MIAMI BCH FL

TITLE

D

NAME

NEMEROFF, ROBERTA

STREET ADDRESS

3527 NE 168TH ST 201

CITY - ST - ZIP

N MIAMI BEACH FL

TITLE

D

NAME

SIROTT, GASTON

STREET ADDRESS

3527 N.E 168 STREET, 204

CITY - ST - ZIP

NORTH MIAMI BEACH FL

TITLE

D

NAME

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STREET ADDRESS

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CITY - ST - ZIP

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TITLE

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NAME

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STREET ADDRESS

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CITY - ST - ZIP

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TITLE

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NAME

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STREET ADDRESS

D

CITY - ST - ZIP

D

TITLE

D

NAME

D

STREET ADDRESS

D

CITY - ST - ZIP

D

TITLE

D

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President - D

☐ Change

☒ Addition

1.2 NAME

Eric Charal

1.3 STREET ADDRESS

3527 NE 168 ST #302

1.4 CITY - ST - ZIP

N Miami Beach FL 33160

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

Vice Pres - D

☐ Change

☒ Addition

3.2 NAME

Michael Stanton

3.3 STREET ADDRESS

3527 NE 168 ST #4207

3.4 CITY - ST - ZIP

N Miami Beach FL 33160

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Sue Ann Alaimo Sec/Treas* Sue Ann Alaimo 6/20/96 305-945-1276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (3/96)