

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90019 030 ****61.25

DOCUMENT # 744822

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182005 Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1923907

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHARLA, ERIC
3527 NE 168 ST
302
MIAMI, FL 33160**

Name **DAVID B COOPER**
Street Address (P.O. Box Number is Not Acceptable) **3527 NE 168 STREET #404**
City **NORTH MIAMI BEACH** FL Zip Code **33160**

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

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

(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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **CHARAL, ERIC**
STREET ADDRESS **3527 NE 168 ST, 302**
CITY-ST-ZIP **N MIAMI BEACH, FL**

TITLE **VP** ☐ Delete
NAME **STANTON, MICHAEL**
STREET ADDRESS **3527 NE 168 ST, 207**
CITY-ST-ZIP **N MIAMI BEACH, FL**

TITLE **D** ☐ Delete
NAME **NEMEROFF, ROBERTA**
STREET ADDRESS **3527 NE 168TH ST 201**
CITY-ST-ZIP **N MIAMI BEACH, FL**

TITLE **D** ☐ Delete
NAME **SOTOLONGO, DAISY**
STREET ADDRESS **3789 170 STREET, #A2**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT/DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP/DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MARK SLOAN - TREASURER**
STREET ADDRESS **3527 NE 168 STREET #405**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33160**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

MICHAEL P STANTON PRES. 02/12/05 (305) 919-7502

Date Daytime Phone #