


FILED
Jan 17, 2006 8:00 am
Secretary of State

4000600-

DOCUMENT # 744822						Secretary of State 01-17-2006 90266 020 ****61.25	
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.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent COOPER, DAVID B 3527 NE 168 ST # 404 MIAMI, FL 33160				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
SIGNATURE _____				DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
T SLOAN, MARK 3527 NE 168 STREET # 405 NORTH MIAMI BEACH, FL 33160				[] Change [] Addition			
[] Delete							
PD STANTON, MICHAEL 3527 NE 168 ST. 207 N MIAMI BEACH, FL				[] Change [] Addition			
[] Delete							
D NEMEROFF, ROBERTA 3527 NE 168TH ST 201 N MIAMI BEACH, FL				[] Change [] Addition			
[] Delete							
VPD SOTOLONGO, DAISY 3789 170 STREET, #A2 NORTH MIAMI BEACH, FL 33160				[] Change [] Addition			
[] Delete							
[] Delete				[] Change [] Addition			
				D MARILYN GREEN 3527 NE 168 ST # 303 NORTH MIAMI BEACH, FL 33160			
[] Delete				[] Change [] Addition			
				[] Change [] Addition			
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: _____				1/13/06 305-949-5867			