

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 13, 2003 8:00 am  
Secretary of State

02-13-2003 90259 046 \*\*\*\*61.25

DOCUMENT # 745736



1. Entity Name  
**SUNSET HILLS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
C/O BECKER MGMT. INC  
PO BOX 24756  
FT LAUDERDALE FL 33307-4756  
US

Mailing Address  
C/O BECKER MGMT. INC  
PO BOX 24756  
FT LAUDERDALE FL 33307-4756  
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2005567**

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

SCHOTTENFELD, DAVID J ESQ  
% DAVID J SCHOTTENFELD, P.A.  
7520 NW 5TH ST., STE 203  
PLANTATION FL 33317

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SPANNOS, NERISSA 9715 W BROWARD BLVD, #129 FORT LAUDERDALE FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHANG LYN, CECIL 11300 ROCKINGHORSE RD COOPER CITY FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D GOLDSTEIN, DAN 2643 N ANDREWS AVE FORT LAUDERDALE FL 33311</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAPP, DONAVAN 320 NW 201 AVE HOLLYWOOD FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ERIC NATHANSON 1900 MERION LAKE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MARC RAUER 7140 SW 5 ST. PLANTATION, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDDIE JACKSON P.O. Box 4061 DEERFIELD Bch., FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES Mc CRAY 3720 N.W. 7 PLACE FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *NERISSA SPANNOS* 2/11/03 954-492-0151

CR2E037 (10/02)