


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 756903**  
 1. Entity Name  
 SUNSET COURTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 102 AVENUE D #7 MARATHON, FL 33050  
 Mailing Address: 102 AVENUE D #7 MARATHON, FL 33050

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number: NOT APPLICABLE Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CRONISE, JON  
 102 AVENUE D # 7  
 MARATHON, FL 33050

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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: *Jon C. Cronise* JON C. CRONISE DATE: 1/6/05  
(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                    |
|----------------|--------------------|
| TITLE          | PTD                |
| NAME           | CRONISE, JON C     |
| STREET ADDRESS | 102 AVENUE D #7    |
| CITY-ST-ZIP    | MARATHON, FL 33050 |
| TITLE          | SD                 |
| NAME           | SIRVEN, MARTHA     |
| STREET ADDRESS | 10935 S.W. 105 AVE |
| CITY-ST-ZIP    | MIAMI, FL 33176    |
| TITLE          | VD                 |
| NAME           | SUEIRAS, ALBERT    |
| STREET ADDRESS | 9941 SW 129 STREET |
| CITY-ST-ZIP    | MIAMI, FL 33176    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |

00000175772  
 01/10/05-80063-021 61.25

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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: *Jon C. Cronise* JON C. CRONISE DATE: 1/6/05 305-986-0397  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #