


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90039 024 ****61.25

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
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DO NOT WRITE IN THIS SPACE

40004133



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRONISE, JON
 102 AVENUE D # 7
 MARATHON, FL 33050

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRONISE, JON C 102 AVENUE D #7 MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIRVEN, MARTHA 10935 S.W. 105 AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUEIRAS, ALBERT 9941 SW 129 STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, JOSE EARNIE 9558 SW 166 CT MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **JON C. CRONISE** **1/10/08** **305-986-0397**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #