

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Sep 08, 2009  
Secretary of State**

DOCUMENT# N02000002581

**Entity Name:** SUNSHINE BAY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1441 LINCOLN COURT  
MIAMI BEACH, FL 33139**New Principal Place of Business:**790 WEST 20TH STREET  
HIALEAH, FL 33010**Current Mailing Address:**800 DOUGLAS RD. NORTH TOWER  
SUITE 880  
CORAL GABLES, FL 33134 US**New Mailing Address:**790 WEST 20TH STREET  
HIALEAH, FL 33010**FEI Number:** 30-0098109**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HALPERN, MARC A  
HALPERN RODRIGUEZ, LLP \*DOUGLAS ENTRANCE  
800 DOUGLAS RD, NORTH TOWER, SUITE 880  
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**FOUR POINTS PROPERTY MANAGEMENT, INC.  
790 WEST 20TH STREET  
HIALEAH, FL 33010 US

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.

SIGNATURE: FOUR POINTS PROPERTY MANAGEMENT, INC.

09/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P/D ( ) Delete  
Name: NORTELL, DONNA  
Address: 1441 LINCOLN CT #311  
City-St-Zip: MIAMI BEACH, FL 33139Title: VP/D ( ) Delete  
Name: NAVARRETE, VALERIE  
Address: 1441 LINCOLN CT #201  
City-St-Zip: MIAMI BEACH, FL 33139Title: T/D ( ) Delete  
Name: KOWALSKI, CHRISTIAN  
Address: 1441 LINCOLN CT. #412  
City-St-Zip: MIAMI BEACH, FL 33139Title: S/D ( ) Delete  
Name: GOMEZ, YAMILE  
Address: 1441 LINCOLN CT #410  
City-St-Zip: MIAMI BEACH, FL 33139Title: D ( ) Delete  
Name: OTALVARO, ANTONIO  
Address: 1441 LINCOLN CT#305  
City-St-Zip: MIAMI BEACH, FL 33139**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA NORTELL

P/D

09/08/2009

Electronic Signature of Signing Officer or Director

Date