

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 12, 2009
Secretary of State**

DOCUMENT# N02000002581

Entity Name: SUNSHINE BAY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**790 WEST 20TH STREET
HIALEAH, FL 33010**New Principal Place of Business:****Current Mailing Address:**790 WEST 20TH STREET
HIALEAH, FL 33010**New Mailing Address:****FEI Number:** 30-0098109**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FOUR POINTS PROPERTY MANAGEMENT, INC.
790 WEST 20TH STREET
HIALEAH, FL 33010 US**Name and Address of New Registered Agent:**

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:

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: S/D (X) Change () Addition
Name: POITRA, CHARLES
Address: 1441 LINCOLN CT #408
City-St-Zip: MIAMI BEACH, FL 33139Title: () 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: VALARIE NAVARRETE

VP/D

11/12/2009

Electronic Signature of Signing Officer or Director_____
Date