

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90737 019 \*\*\*\*70.00

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

**DOCUMENT # N02000002581**

1. Entity Name  
**SUNSHINE BAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
 7300 BISCAYNE BLVD., SUITE 206      7300 BISCAYNE BLVD., SUITE 206  
 MIAMI, FL 33138-5135                      MIAMI, FL 33138-5135

2. Principal Place of Business      3. Mailing Address  
**723 14th PL**                              **723 14th PL**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
**STE #9**                                      **STE #9**  
 City & State                              City & State  
~~MIAMI BEACH FL~~                      ~~MIAMI BEACH FL~~

4. FEI Number **651122450**      Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BLUE SKY PROPERTY MANAGEMENT, INC.**  
 7300 BISCAYNE BLVD., SUITE 206  
 MIAMI, FL 33138-5135

7. Name and Address of New Registered Agent  
**BLUE SKY REAL ESTATE MANAGEMENT INC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**723 14th PL**  
**MIAMI BEACH, FL STE #9**  
 City                                      FL      33138

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, the registered agent.

SIGNATURE: *[Signature]*      DATE: **4/6/03**

9. Election Campaign Financing -  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ORTNER, HORST 718 6TH ST MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROUSSEAU, DANIEL 716 6TH ST MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PHILIPS, DAVID ESQUIRE 767 WASHINGTON AVE MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SD</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		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(5)(b), 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 the empowered.

SIGNATURE: *[Signature]*      DATE: **4/6/03**



**55041731**



CHECK HERE IF MAKING CHANGES

C/SECRET (10/02)