

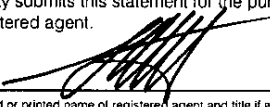



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90180 026 \*\*\*\*61.25

<b>DOCUMENT # N05000000304</b>					
1. Entity Name SUNSET FALLS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071			Mailing Address 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071		
2. Principal Place of Business 1600 Sawgrass Corp. Pkwy Suite, Apt. #, etc. Suite 300 City & State Sunrise FL Zip 33323 Country USA		3. Mailing Address 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300 City & State Sunrise FL Zip 33323 Country USA		03312006 Chg-NP CR2E037 (11/05)  4. FEI Number 20-2159038 Applied For Not Applicable	
6. Name and Address of Current Registered Agent HELFMAN, STEVER M. 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name Steven M Helfman Street Address (P. O.-Box Number is Not Acceptable) 1600 Sawgrass Corp. Pkwy Suite 300 City Sunrise FL Zip Code 33323	
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  DATE 4/4/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREOZZI, DEAN 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AndreoZZi, Dean 1600 Sawgrass Corp. Pkwy Sunrise FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DePlaza, Marcie 1600 Sawgrass Corp Pkwy Sunrise FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEPLAZA, MARCIE 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Menendez, N. Maria 1600 Sawgrass Corp. Pkwy Sunrise FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MENENDEZ, N. MARIA 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	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:  Director Secretary Treasurer 954-753-1730 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>					