


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90225 035 ****61.25

DOCUMENT # N05000000304

1. Entity Name
SUNSET FALLS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1600 SAWGRASS CORP. PKWY
 SUITE 300 230
 SUNSHINE, FL 33323**

Mailing Address
**1600 SAWGRASS CORP. PKWY
 SUITE 300 230
 SUNSHINE, FL 33323**


2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc. **Suite 230**

3. Mailing Address
 Suite, Apt. #, etc. **Suite 230**

City & State
SUNSHINE, FL

City & State
SUNSHINE, FL

Zip Country
33323 FL



04092008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-2159038

Applied For
 Not Applicable

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

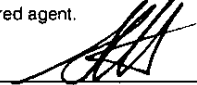
6. Name and Address of Current Registered Agent

**HELFMAN, STEVEN M
 1600 SAWGRASS CORP PKWY
 SUITE 300 230
 FORT LAUDERDALE, FL 33323**

7. Name and Address of New Registered Agent

Name
 Street Address (P. O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 **4/27/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

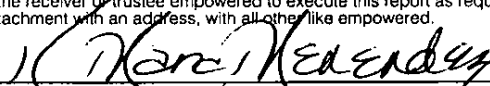
Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDREOZZI, DEAN			NAME			
STREET ADDRESS	1600 SAWGRASS CORP. PKWY			STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33323			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEPLAZA, MARCIE			NAME			
STREET ADDRESS	1600 SAWGRASS CORP. PKWY			STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33323			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MENENDEZ, N. MARIA			NAME			
STREET ADDRESS	1600 SAWGRASS CORP. PKWY			STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33323			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:  **N. MARIA MENENDEZ, VICE PRESIDENT** DATE **4/28/08** DAYTIME PHONE # **954-753-1730**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR