

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000304

FILED  
Feb 21, 2009  
Secretary of State

Entity Name: SUNSET FALLS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1600 SAWGRASS CORP. PKWY  
STE 230  
SUNSHINE, FL 33323

**New Principal Place of Business:**

17634 SW 47 ST  
MIRAMAR, FL 33029

**Current Mailing Address:**

1600 SAWGRASS CORP. PKWY  
STE 230  
SUNSHINE, FL 33323

**New Mailing Address:**

C/O CASTLE MANAGEMENT  
PO BOX 559009  
FORT LAUDERDALE, FL 33355

FEI Number: 20-2159038

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HELFMAN, STEVEN M  
1600 SAWGRASS CORP PKWY  
STE 230  
FORT LAUDERDALE, FL 33323 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: PD ( ) Delete  
Name: ARON, MARIA  
Address: 1600 SAWGRASS CORP. PKWY, STE 230  
City-St-Zip: SUNRISE, FL 33323

Title: VD ( ) Delete  
Name: DEPLAZA, MARCIE  
Address: 1600 SAWGRASS CORP. PKWY, STE 230  
City-St-Zip: SUNRISE, FL 33323

Title: STD ( ) Delete  
Name: MENENDEZ, N. MARIA  
Address: 1600 SAWGRASS CORP. PKWY, STE 230  
City-St-Zip: SUNRISE, FL 33323

**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:

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: ROBERT A DONNELLY

MGR

02/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date