

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000003017

1. Entity Name
PARADISE AT SUNSET CONDOMINIUM ASSOCIATION,
INC.



FILED

09 JAN 28 PM 2: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7107 SW 89 COURT
MIAMI, FL 33173

Mailing Address
TIMBERLAKE MANAGEMENT
7500 NW 25 STREET, SUITE 106
DORAL, FL 33122



2. Principal Place of Business - No P.O. Box #
3399 NW 72 AVE
Suite, Apt. #, etc.
SUITE 215

3. Mailing Address
3399 NW 72 AVE
Suite, Apt. #, etc.
215

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33122

Country

Zip
33122

Country
US

01132009 REIN-NP

CR2E099 (1/07)

4. FEI Number
26-0492393

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUGGER, ROBERT A
7953 NW 53 STREET
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name Robert A Dugger
Street Address (P.O. Box Number is Not Acceptable)

3399 N.W. 72 AVE Suite 215

City MIAMI FL Zip Code 33122

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ALONSO, ANTONIO I
STREET ADDRESS 7101 SW 89 COURT
CITY-ST-ZIP MIAMI, FL 33173 ☐ Delete

TITLE VP
NAME GILMORE, CARLOS M
STREET ADDRESS 7101 SW 89 COURT
CITY-ST-ZIP MIAMI, FL 33173 ☐ Delete

TITLE AVPD
NAME DUGGER, ROBERT A
STREET ADDRESS 7953 NW 53 ST
CITY-ST-ZIP MIAMI, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400142295344
01/28/09--01027--010 **297.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
REINSTATEMENT 08-09

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
JC 1/29

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 officer 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Dugger, SA AVPD 1/22/09 305-597-0920