

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
(IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50497 (9)
1. Corporation Name

SUNSET PALMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10875 SW 76 ST.
MIAMI FL 33173
US

C/O MIAMI MANAGEMENT
14275 SW 142 AVE.
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified
08/21/1992

3a. Date of Last Report
02/03/1997

4. FEI Number
65-0398373

Applied For
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
MIAMI FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE SKRLD, Inc. by Lisa A. Lerner Secretary 8/1/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME JEFFERS, BARBARA
STREET ADDRESS 10817 SW 74 STREET
CITY-ST-ZIP MIAMI FL 33173

TITLE VPD ☐ DELETE
NAME ZAMORANO, ALBERT
STREET ADDRESS 7445 SW 108 AVE.
CITY-ST-ZIP MIAMI FL 33173

TITLE VPD ☐ DELETE
NAME SARMIENTO, ALBERTO
STREET ADDRESS 7511 SW 108 AVE.
CITY-ST-ZIP MIAMI FL 33173

TITLE TD ☐ DELETE
NAME FRIERE, SANTIAGO
STREET ADDRESS 10810 SW 74 ST.
CITY-ST-ZIP MIAMI FL 33173

TITLE D ☒ DELETE
NAME HEINEMAN, MIRTA
STREET ADDRESS 10810 SW 75 ST.
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. SIGNATURE REQUIRED

8/1/97 (205) 442-2334

CR2E037 (4/97)