FILE NOW: FILING FEE IS $61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State
02-27-1999 90019 026 ****61.25

0028471

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50497

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	08/21/1992
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0398373 ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P JEFFERS, BARBARA 10817 SW 74 STREET MIAMI FL 33173	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ZAMORANO, ALBERT 7445 SW 108 AVE. MIAMI FL 33173	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SARMIENTO, ALBERTO 7511 SW 108 AVE. MIAMI FL 33173	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FRIERE, SANTIAGO 10810 SW 74 ST. MIAMI FL 33173	☑ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D LANDIA-GONZALEZ, BELKYS 7521 SW 108 AVE MIAMI, FL 33173	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D MEDEROS, LIDIA 10834 SW 74 ST. MIAMI, FL 33173	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Barbara M Jeffers **SIGNATURE REQUIRED** 1/20/99 305 378 0130 - 133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #