

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90061 038 ****61.25

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01052005 Chg-NP CR2E037 (10/03)

DOCUMENT # N50497 1. Entity Name SUNSET PALMS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O MIAMI MANAGEMENT INC 14275 SW 142 AVE MIAMI, FL 33186 US			Mailing Address C/O MIAMI MANAGEMENT 14275 SW 142 AVE. MIAMI, FL 33186		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0398373	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 MIAMI, FL 33134				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	DEMOREJON, PETER			NAME	
STREET ADDRESS	7521 SW 108 AVE.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP	
TITLE	VD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	JEFFERS, BARBARA			NAME	
STREET ADDRESS	10817 SW 74 ST.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP	
TITLE	TD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	BOSQUE, NARIDO			NAME	
STREET ADDRESS	10856 SW 75TH ST.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP	
TITLE	VD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	ARBESU-RAMIERZ, GRACIELA			NAME	
STREET ADDRESS	10798 SW 75 TERR.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP	
TITLE	SD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	QUINTANA, ROXANA			NAME	
STREET ADDRESS	7401 SW 108 PLACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	TABLADA, ZIDRA			NAME	
STREET ADDRESS	10863 SW 75 TERR.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP	
12. 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 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:				Date: 1/6/05 Daytime Phone #: 305-264-4370	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					