

FILE NOW: FILING FEE IS \$61.25

FILED
May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002576 (3)
 1. Corporation Name
SUNNY SHORES MSV HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business P.O. BOX 530527 MIAMI SHORES FL 33153	Mailing Address P.O. BOX 530527 MIAMI SHORES FL 33153
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3. Date Incorporated or Qualified 04/25/1997	
4. FEI Number 05-0754083	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 * Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SALT, ABBIE R
 710 NE 126 ST.
 N. MIAMI FL 33161**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	President - P	<input type="checkbox"/> DELETE
NAME	Arthur Rice	
STREET ADDRESS	710 NE 126 St.	
CITY-ST-ZIP	N. Miami FL 33161	
TITLE	Secretary - S	<input type="checkbox"/> DELETE
NAME	Alice Birch	
STREET ADDRESS	710 NE 126 St.	
CITY-ST-ZIP	N. Miami FL 33161	
TITLE	Treasurer - T	<input type="checkbox"/> DELETE
NAME	Abbie R. Salt	
STREET ADDRESS	710 NE 126 St.	
CITY-ST-ZIP	N. Miami FL 33161	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Ren Martin	
STREET ADDRESS	710 NE 126 St.	
CITY-ST-ZIP	N. Miami FL 33161	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Ray Jones	
STREET ADDRESS	710 NE 126 St.	
CITY-ST-ZIP	N. Miami FL 33161	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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.

SIGNATURE: **Abbie R. Salt** Treas. **4/28/98 3058928282**

CR2E037 (10/97)