


FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90006 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002576

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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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	3. Date Incorporated or Qualified 04/25/1997	4. FEI Number 65-0754083 Applied For Not Applicable
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	

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 85 Zip Code FL
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR RICE	1.2 NAME	
STREET ADDRESS	710 NE 126 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33161	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICE BURCH	2.2 NAME	Alice Burch
STREET ADDRESS	710 NE 126 STREET	2.3 STREET ADDRESS	710 NE 126 St.
CITY-ST-ZIP	N. MIAMI FL 33161	2.4 CITY-ST-ZIP	N. Miami FL 33161
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBIE R. SALT	3.2 NAME	
STREET ADDRESS	710 NE 126 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33161	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON MARTIN	4.2 NAME	
STREET ADDRESS	710 NE 126 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33161	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY JONES	5.2 NAME	RAY JONES
STREET ADDRESS	710 NE 126 STREET	5.3 STREET ADDRESS	710 NE 126 Street
CITY-ST-ZIP	N. MIAMI FL 33161	5.4 CITY-ST-ZIP	N Miami FL 33161
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: SIGNATURE OF REGISTERED ABBIER. SALT 4/28/99 305 892 8282
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)