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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P96000058477 (6)**

1. Corporation Name
SUNSET CLUB APARTMENTS, INC.

Principal Place of Business	Mailing Address
80 BUSINESS PARK DRIVE ARMONK NY 10504	80 BUSINESS PARK DRIVE ARMONK NY 10504-1710

3. Date Incorporated or Qualified: 07/11/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 C/O EDWARD A. LASHINS, JR.	26 C/O EDWARD A. LASHINS, JR.
Suite, Apt. #, etc. 22 80 BUSINESS PARK DR.STE102	Suite, Apt. #, etc. 27 80 BUSINESS PARK DR.STE 102
City & State 23 ARMONK	City & State 28 ARMONK
Zip / Country 24 10504 / 25 N.Y.	Zip / Country 29 10504 / 30 N.Y.

4. FEI Number: 13-3900573 ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHASE, ALAN R 9400 S. DADELAND BLVD. SUITE 600 MIAMI FL 33156	81 Name: Edward A. Lashins, c/o Manager's Office 82 Street Address (P.O. Box Number is Not Acceptable): Sunset Club Apartments 83 6259 Sunset Drive 84 City: South Miami **FL** 85 Zip Code: 33143

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: EDWARD A. LASHINS, JR., PRESIDENT — 4/1/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LASHINS, EDWARD A JR 80 PARK BUSINESS DRIVE ARMONK NY 10504 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT LASHINS, EDWARD A. 10 HAYRAKE LANE ~~CHAPPAQUA, N.Y. 10514~~ ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	☐ 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	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ 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	☐ 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

CR2E034 (9/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: EDWARD A. LASHINS, JR. — 3/17/97 — 914-273-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #