

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 708235 (7)**

1. Corporation Name

**SUNSET ISLANDS 3 AND 4 PROPERTY OWNERS, INC.**



Principal Place of Business

**2125 LAKE AVE.  
MIAMI BEACH FL 33140**

Mailing Address

**2125 LAKE AVE.  
MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified  
**12/15/1964**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 **MIAMI BEACH**

2a. Mailing Address

26 **2125 LAKE AVE**

4. FEI Number  
**59-2347751**

Applied For  
Not Applicable

Suite, Apt. #, etc.

22 **2403 SUNSET DR**

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

23 **MIAMI BEACH FL**

City & State

28 **MIAMI BEACH FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Zip

24 **33140**

Country

25 **USA**

Zip

29 **33140**

Country

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**INGRAHAM, WILLIAM A. JR.  
3050 BISCAYNE BOULEVARD, SUITE 400  
MIAMI FL 33137**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **HACKMEYER, MARK**  
STREET ADDRESS **1510 WEST 23RD STREET**  
CITY - ST - ZIP **MIAMI BEACH FL**

TITLE **V** ☒ DELETE  
NAME **GSETE, MARILYN**  
STREET ADDRESS **2001 LAKE AVENUE**  
CITY - ST - ZIP **MIAMI BEACH FL**

TITLE **SD** ☒ DELETE  
NAME **MARIBONA, MARIA**  
STREET ADDRESS **1460 W. 21 ST**  
CITY - ST - ZIP **M. BEACH FL**

TITLE **TD** ☐ DELETE  
NAME **WEINER, GARY**  
STREET ADDRESS **1430 WEST 21ST STREET**  
CITY - ST - ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **MARILYN GSETE**  
1.3 STREET ADDRESS **2001 LAKE AVE**  
1.4 CITY - ST - ZIP **MIAMI BEACH FL 33140**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE **SD** ☒ Change ☐ Addition  
3.2 NAME **CHRIS WERFEL**  
3.3 STREET ADDRESS **1710 W 23 ST**  
3.4 CITY - ST - ZIP **MIAMI BEACH FL 33140**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**Director**

**4-4-96 305 576 5840**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)