

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722195

**Entity Name:** SUNSET ISLE MAINTENANCE ASSN. 13, INC.

**Current Principal Place of Business:**

5975 NW 84 TERRACE  
TAMARAC, FL 33321

**Current Mailing Address:**

5975 NW 84 TERRACE  
TAMARAC, FL 33321 US

**FEI Number:** 59-1426246

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MILBERG KLEIN, PL  
5550 GLADES ROAD  
SUITE 500  
BOCA RATON, FL 33441 US

*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.*

**SIGNATURE:** PAUL MILBERG

05/02/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, TREASURER, DIRECTOR  
Name MEYER, MYRA  
Address 5975 NW 84 TERRACE  
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR  
Name ALEXANDER, MARY ANN  
Address 5975 NW 84 TERRACE  
City-State-Zip: TAMARAC FL 33321

Title SECRETARY, DIRECTOR  
Name GREEN, JOYCE  
Address 5975 NW 84 TERRACE  
City-State-Zip: TAMARAC FL 33321

Title VP, DIRECTOR  
Name GUTEKUNST, PAUL  
Address 5975 NW 84 TERRACE  
City-State-Zip: TAMARAC FL 33321

Title PRESIDENT, DIRECTOR  
Name LINDSAY, KAY  
Address 5975 NW 84 TERRACE  
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR  
Name MCKENZIE, JANET  
Address 5975 NW 84 TERRACE  
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR  
Name DOSSI, DANEEN  
Address 5975 NW 84 TERRACE  
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR  
Name GAVIN, PATT  
Address 5975 NW 84 TERRACE  
City-State-Zip: TAMARAC FL 33321

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KAY LINDSAY

PRESIDENT

05/02/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name RAY, SUSAN  
Address 5975 NW 84 TERRACE  
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR  
Name WAGNER, JACKIE  
Address 5975 NW 84 TERRACE  
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR  
Name HARPER, BARBARA  
Address 5975 NW 84 TERRACE  
City-State-Zip: TAMARAC FL 33321