

**2021 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 630  
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

09/24/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           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           WAGNER, JACQUELINE  
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           RAY, SUSAN  
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

**Continues on page 2**

*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

09/24/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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