

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759171

**Entity Name:** SUNSET ISLANDS PROPERTY OWNERS, INC.**Current Principal Place of Business:**1620 NORTH VIEW DRIVE  
MIAMI BEACH, FL 33140**Current Mailing Address:**2555 BAY AVENUE  
MIAMI BEACH, FL 33140 US**FEI Number:** 59-0794782**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HERTZBERG, ROBERT  
1620 NORTH VIEW DRIVE  
MIAMI BEACH, FL 33140 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:** ROBERT HERTZBERG

05/21/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, VP  
Name SANDLER, MARTIN  
Address 2830 SUNSET DRIVE  
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR, VP  
Name WALKER, PHILLIP  
Address 1601 NORTHVIEW DRIVE  
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR  
Name PETERSON, ELLEN  
Address 2560 SUNSET DRIVE  
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR, PRESIDENT  
Name HERTZBERG, ROBERT  
Address 1620 NORTH VIEW DRIVE  
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR, TREASURER  
Name HYDE, JUDY  
Address 2555 BAY AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR, ASST. SECRETARY  
Name DAN, CAROL  
Address 1635 WEST 27TH STREET  
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR, SECRETARY  
Name JACOBS, JODY  
Address 1737 WEST 25TH STREET  
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR  
Name SHORE, BEN DR.  
Address 2532 REGATTA AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

**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:** JUDY HYDE

TREASURER

05/21/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name UGALDE, ROSAMARIA  
Address 2520 LUCERNE AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR  
Name LYONS, SPERO  
Address 2500 LAKE AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR  
Name WILLIAMS, RICHARD  
Address 2545 BAY AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR  
Name TOWLE, JOHN  
Address 1510 WEST 27TH STREET  
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR  
Name PIAZZA, MICHAEL  
Address 1401 WEST 27TH STREET  
City-State-Zip: MIAMI BEACH FL 33140