

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

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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: 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