FILED 4 2006 8:00 am

2006	NOT-FOR-P	ROFIT CO	DRPOR	RATION
5136	ANNUAL	REPORT	(AA)	•
NOL 18 45	TAIT # mailean			AND TO

	ANNOAL N	EFORT (AR)			, 2% Niar 14, 2000 8:00 a
DOCUMENT # 701239 1. Entity Name					Secretary of State
SUN SET	COOPERATIVE APARTMEN	ITS, INC.	13.6		02-27-2000 30031 036 01.23
Principal Plac	e of Business	Mailing Address			1
1110 N. RIVERSIDE DR. 1110 NORTH RIVERSIDE DR POMPANO BEACH FL 33062		1110 N. RIVERSIDE DR. 1110 NORTH RIVERSID POMPANO BEACH FL :	E DR		
2. Principal Place of Business		3. Mailing Address			- 1 100m, verm erbrist rialta des a Arri van Gress aktiv strav brav. Ultit distillit fi fill
Suite, Apt. #, etc.		Suite, Apt. *, etc.			1st MOORE CR2E037 (10/05)
City & State		City & State			4. FEI Number
Zip	Country	Zip	Country		5. Certificate of Status Desired SB.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Na		7. Name and Address of New Registered Agent
DAC	DET WALTED		Na	<u> </u>	hre Bloom -
BARRET, WALTER 1110 N RIVERSIDE DR POMPANO BEACH FL 33062			Sir	Address ((P.O. Box Namber is Not Acceptable)
100			Cit	forme	Pano Beach FL 33062 FL Zip Code
R The shows	rapped entity culpmus this statement fo	the process of changing its	vacious et		ered agent, or both, in the State of Florida. I am lamiliar with, and accept
the obligation	ions of registered agent.	the brabose or chandring its r	egisterau txi	ice or register	red agent, or cold, in the State of Florida. It am familiar with, and accept
,	*				
SIGNATURE	Signature, typica or printed name of registered agents.	and this if tenancutales (NOSE:	Fluoritaeni Acces	NOW WHITE AND THE PROPERTY OF THE PARTY OF T	rd whitis (windship) CATE
Take the lead	ilia. Barangan kan kangan ya Kanasa sasar	\$19.88	,		Device Association (Control of Control of Co
	FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Com Trust Fund Co	ontribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State
nue ;	OFFICERS AND DIF		11.	VS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
HAME	ZURCHER, ERIC P	Oclese	TITLE NAME	~ '	1
STREET ADDRESS	1110 N. RIVERSIDE DR.		STREET ADD	RESS 111 O	N Riverside Dr.
CITY-ST-ZIP	POMPANO BEACH FL		CITY-S1-ZI	Per	mpano Beach FL 33062
ITTLE	BARRET, WALTER	Delete	TITLE	A	Change Addition
NAME STREET ADDRESS	1110 N RIVERSIDE DR		NAME STREET ADD	ess Co	No Petrovillo
CITY-SI-ZIP	POMPANO BEACH FL	,	CITY-ST-ZIF	Oc	emparo Beach FL 33062
TITLE	S	Delete	TITLE	S/	
NAME STREET ADDRESS	KOHN, UTE 1110 N RIVERSIDE DR		NAME	i ci	one Bloom on Runside Dr.
CITY-ST-71P	POMPANO BEACH FL		STREET ADD		mpero Beach FL 33062
MILE	Ø	☐ Oclete	TITLE	- 10	Change Addition
NAME	ROBERTS, FRANK		NAME		C samp Brown
STREET ADDRESS	1110 N RIVERSIDE DR		STREET ADD		
CITY- ST-ZIP	POMPANO BEACH FL	PM +	CITY-S1-ZIF	-	
TITLE NAME	¥\$?	☐ Detete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			STREET ADD	RESS	
CITY-ST-74P			CITY - \$1 - 711	<u> </u>	
TITLE NAME		Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADO	acec	
CITY-ST-ZIP			CITY-SI-ZIF		
12. I hereby	certify that the information supplied will	a this tiling does not qualify to	r the exempl	ions containe	ed in Section 119, Florida Statules, I turther certify that the information
of the co	t on this report or supplemental report is reporation or the receiver or trustee emp	s true and accurate and that me sowered to execute this report	y signaturo s as reguired l	hall have the	same legal effect as it made under oath; that I am an officer or director 17. Florida Statutes; and that my name appears in Block 10 or Block 11
il change	ed, or on an attachment with an addres	s, with all other like empowers	ed.		_
SIGNAT	TURE: (1 LAINA	M Sloom	ノ	311	10/06 9543041321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OH DIRECTOR



Division of Corporations

March 2, 2006

SUN SET COOPERATIVE APARTMENTS, INC. 1110 N. RIVERSIDE DR. 1110 NORTH RIVERSIDE DR POMPANO BEACH, FL 33062

Subject: SUN SET COOPERATIVE APARTMENTS, INC.

Reference Number:

701239

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM ANNUAL REPORTS SECTION