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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714805 (9)
1. Corporation Name
SUNSET PARK TOWN HOUSES ASSOCIATION, INC.



Principal Place of Business 8018-A S.W. 103RD AVE MIAMI FL 33173	Mailing Address 8018-A S.W. 103RD AVE. MIAMI FL 33173-3904
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/21/1968	3a. Date of Last Report 02/20/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1367018		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KAHN, DONNA 8446 SW 103RD AVE MIAMI FL 33173		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WALTER, DAVID	1.2 NAME	
STREET ADDRESS	8320 SW 103 AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KAHN, DONNA	2.2 NAME	
STREET ADDRESS	8446 S.W. 103RD AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	SD ☒ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	BERMAN, JOYCE	3.2 NAME	McDougal, Bill
STREET ADDRESS	8708 S.W. 103 AVE	3.3 STREET ADDRESS	8404 S.W. 103 Ave
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	MIAMI, FL 33173
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BURR, MARY ANN	4.2 NAME	
STREET ADDRESS	8448 SW 103RD AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	NEUMAN, DIANE	5.2 NAME	
STREET ADDRESS	8608 SW 103 AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	O'NEILL, DIANE	6.2 NAME	
STREET ADDRESS	8436 SW 103 AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna A. Kahan 4/1/97 305-273-4070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032772

CR2E037 (9/96)