2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 714805

1. Entity Name
SUNSET PARK TOWN HOUSES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8018-A S.W. 103RD AVE. MIAMI, FL 33173	8018-A S.W. 103RD AVE. MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

05032004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1367018
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEARD, BRUCE
8018 A SW 103RD AVE
MIAMI, FL 33173

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000156256
05/05/04-80071-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEARD, BRUCE
STREET ADDRESS	8046 SW 103 AVE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	TD
NAME	MCCOY, KENNETH
STREET ADDRESS	8304 SW 103 AVE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	S
NAME	BUDDIE, DEBBIE
STREET ADDRESS	8028 SW 103 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	VPD
NAME	GUADIO, CHIP
STREET ADDRESS	8048 SW 103 AVENUE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles M. Hamlin V. Pres. 4-30-04 305-273-4070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #