

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90078 050 ****61.25

DOCUMENT # 714805 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1367018	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BEARD, BRUCE 8018 A SW 103RD AVE MIAMI, FL 33173				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-registering) DATE					
Filing Fee is \$61.25-- Due by May 1, 2005.		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	☐ Change ☐ Addition	
NAME	BEARD, BRUCE		NAME		
STREET ADDRESS	8046 SW 103 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE	TD		TITLE	☒ Change ☐ Addition	
NAME	MCCOY, KENNETH		NAME	Tres Dabbie Budde	
STREET ADDRESS	8304 SW 103 AVE		STREET ADDRESS	8028 SW 103 Ave	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	S		TITLE	☐ Change ☐ Addition	
NAME	BUDDIE, DEBBIE		NAME	Sally Holsinger	
STREET ADDRESS	8028 SW 103 AVE		STREET ADDRESS	8018 A SW 103 Ave	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	VPD		TITLE	☐ Change ☐ Addition	
NAME	GUADIO, CHIP		NAME		
STREET ADDRESS	8048 SW 103 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☒ Addition	
NAME			NAME	Director Passy Wolfe	
STREET ADDRESS			STREET ADDRESS	8018 A SW 103 Ave	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME	Director Wagner Vargas	
STREET ADDRESS			STREET ADDRESS	8018 A SW 103 Ave	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33173	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3-4-05 Daytime Phone # 305-813-4070		