

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714805

FILED
Mar 05, 2009
Secretary of State

Entity Name: SUNSET PARK TOWN HOUSES ASSOCIATION, INC.

Current Principal Place of Business:

8018-A S.W. 103RD AVE.
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

8018-A S.W. 103RD AVE.
MIAMI, FL 33173

New Mailing Address:

FEI Number: 59-1367018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEARD, BRUCE
Address: 8046 SW 103 AVE
City-St-Zip: MIAMI, FL 33173

Title: T () Delete
Name: BUDDE, DEBBIE
Address: 8028 SW 103 AVE
City-St-Zip: MIAMI, FL 33173

Title: S () Delete
Name: TRICHE, ERNIE
Address: 8510 SW 103RD AVE
City-St-Zip: MIAMI, FL 33173

Title: VPD () Delete
Name: GUADIO, CHIP
Address: 8048 SW 103 AVENUE
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: WOLFE, PEGGY
Address: 80184 SW 103RD AVE
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: WAGNER, VARGAS
Address: 80184 SW 103RD AVE
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WOLFE, PEGGY
Address: 8018 A SW 103RD AVE
City-St-Zip: MIAMI, FL 33173

Title: D (X) Change () Addition
Name: WAGNER, VARGAS
Address: 8018 A SW 103RD AVE
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEBBIE BUDDE

TRES

03/05/2009

Electronic Signature of Signing Officer or Director

Date