2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-10-2008 90016 002 ****61.25 **DOCUMENT #733693** 1. Entity Name SUNCREST TOWNHOUSE CONDOMINIUM, INC. Principal Place of Business Mailing Address 40063749 C/O CARIBBEAN PROPERTY MGMT C/O CARIBBEAN PROPERTY MGMT 12301 SW 132ND CT 12301 SW 132ND CT MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business - No P.O. Box # ED MANAGENEUT 6 P.O.4 3. Mailing Address INC Suite, Apt. #, etc. 03242008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1804112 City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent = PADRON, JOSEPH R CPA 13358 SW 128 ST Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33186 City 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 reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE PΠ Delete JOHN KELLY - PD 1980 800 144 CT, #211 Change TITLE Addition BAROUKH, ISHAG S NAME 8650 SOUTHWEST 154 CIRCLE STREET ADDRESS STREET ADDRESS Mami, FL 33186 CITY-ST-ZIP MIAMI, FL 33193 CITY-ST-ZIP DOLORES KAINZ. VP Delete TITLE Change ☐ Addition TITLE KAINZ, DOLLY 11980 SW 144CT #211 8761 SOUTHWEST 154 CIRCLE PLACE STREET ADDRESS STREET ADDRESS Minui FL 33186 MIAMI, FL 33193 CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Change Addition JOAN HOWARD-T HARRIS, ALAN NAME NAME 11980 SW 144 OF #211 8688 SOUTHWEST 154 CIRCLE LANE STREET ADDRESS STREET ADDRESS MIAMI, FL 33193 MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete ALEX ACOSTA ☐ Change NAME NAME 119KD SW 144 CT #211 MIAMI FL 33/86 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with his filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppligmental 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 outrustee employered 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

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JOSE CARDENOS -

MIANI, FL

11980 SW 144 CT #211 Mirwi FL 33186

1480 SW 144 CT #211

JOSEPH DOMINIANI.D Change

33186

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

TORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

□ Defete

Daytime Phone €

☐ Change

Addition

Addition

FILED Apr 10, 2008 8:00 am / Secretary of State

CR2E037 (12/06)

Applied For Not Applicable

\$8.75 Additional

Zip Code

Fee Required

Street Address (P.O. Box Number is Not Acceptable)

2008	ANNUA	ATTACHARAIS		
1. Entity Name	ENT # 733693 TOWNHOUSE COND	ATTACHMENT		
Principal Place of C/O CARIBBEAN I 12301 SW 132N MIAMI, FL 33180	PROPERTY MGMT D CT	Mailing Address C/O CARIBBEAN PROPERTY MGMT 12301 SW 132ND CT MIAMI, FL 33186		40063749
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1 11000 17 1
Suite, Apt. #, etc.		Suite, Apt, #, etc.		03242008 Chg-NP CR2E037 (12
City & State		City & State		4. FEI Number 59-1804112
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.7 Fee R
•	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent.
			Name	

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PADRON, JOSEPH R CPA

13358 SW 128 ST MIAMI, FL 33186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #