

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-10-2008 90016 002 ****61.25

DOCUMENT # 733693

1. Entity Name
SUNCREST TOWNHOUSE CONDOMINIUM, INC.



Principal Place of Business
**C/O CARIBBEAN PROPERTY MGMT
12301 SW 132ND CT
MIAMI, FL 33186**

Mailing Address
**C/O CARIBBEAN PROPERTY MGMT
12301 SW 132ND CT
MIAMI, FL 33186**

40063749



2. Principal Place of Business - No P.O. Box #
ED MANAGEMENT GROUP, INC.

3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.
211

Suite, Apt. #, etc.

03242008 Chg-NP CR2E037 (12/06)

City & State
MIAMI, FL 33186

City & State

4. FEI Number
59-1804112

Applied For
Not Applicable

Zip
33186

Country

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

**PADRON, JOSEPH R CPA
13358 SW 128 ST
MIAMI, FL 33186**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 ☒ Delete
NAME BAROUKH, ISHAG S
STREET ADDRESS 8650 SOUTHWEST 154 CIRCLE
CITY-ST-ZIP MIAMI, FL 33193

TITLE ☒ Change ☒ Addition
NAME **JOHN KELLY - PD**
STREET ADDRESS **11980 SW 144 CT, #211**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE VP ☒ Delete
NAME KAINZ, DOLLY
STREET ADDRESS 8761 SOUTHWEST 154 CIRCLE PLACE
CITY-ST-ZIP MIAMI, FL 33193

TITLE ☒ Change ☐ Addition
NAME **DOLORES KAINZ -**
STREET ADDRESS **11980 SW 144 CT, #211**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE T ☒ Delete
NAME HARRIS, ALAN
STREET ADDRESS 8688 SOUTHWEST 154 CIRCLE LANE
CITY-ST-ZIP MIAMI, FL 33193

TITLE ☐ Change ☒ Addition
NAME **JOAN HOWARD - T**
STREET ADDRESS **11980 SW 144 CT #211**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **ALEX ACOSTA**
STREET ADDRESS **11980 SW 144 CT, #211**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **JOSE CARDENAS -**
STREET ADDRESS **11980 SW 144 CT #211**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **JOSEPH DOMINIANI - D**
STREET ADDRESS **11980 SW 144 CT #211**
CITY-ST-ZIP **MIAMI, FL 33186**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4/7/08

Date

Daytime Phone #

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PAGE 2

ATTACHMENT

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TITLE ☐ Change ☒ Addition
NAME JIMMY TAMAYO-VP
STREET ADDRESS 11950 SW 144 CT, #211
CITY-ST-ZIP MIAMI, FL 33186

TITLE VP ☐ Delete
NAME KAINZ, DOLLY
STREET ADDRESS 8761 SOUTHWEST 154 CIRCLE PLACE
CITY-ST-ZIP MIAMI, FL 33193

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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Date

Daytime Phone #