

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # 754937

1. Entity Name
SUN ISLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**990 BIARRITZ DR
MIAMI BEACH, FL 33141**

Mailing Address
**990 BIARRITZ DR
MIAMI BEACH, FL 33141**



02022008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2257612

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAKALAR & EICHNER, P.A.
150 SOUTH PINE ISLAND ROAD, SUITE 540
PLANTATION, FL 33324**

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IN THIS SPACE**

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

000000825018
02/20/08-00102-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TROYA, JOSE
STREET ADDRESS	990 BIARRITZ DR #201
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	D
NAME	DIAGO, OLMEDO
STREET ADDRESS	990 BIARRITZ DR 401
CITY-ST-ZIP	MIAMI BCH, FL 33141
TITLE	D
NAME	PEREZ, VLADIMIR
STREET ADDRESS	990 BIARRITZ DRIVE 202
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

Date

Daytime Phone #

Jose L. Troya **JOSE L. TROYA** 2/2/08 (305 861 2235)