


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90058 037 \*\*\*\*61.25

<b>DOCUMENT # 755932</b>	
1. Entity Name VILLAS OF SUNRISE OWNER'S ASSOCIATION, INC.	

Principal Place of Business 9835 S.W. 70TH STREET MIAMI, FL 33173	Mailing Address 9835 S.W. 70TH STREET MIAMI, FL 33173
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40040000



2. Principal Place of Business - No P.O. Box # 1626 Sunrise Blvd.	3. Mailing Address 1626 Sunrise Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Homestead, Florida	City & State Homestead, Florida
Zip 33033	Zip 33033
Country	Country

03042007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2169110	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANCHEZ, JUAN A ESQUIRE 10251 S.W. 72ND STREET SUITE A-106 MIAMI, FL 33173	7. Name and Address of New Registered Agent Name James E. Tice Street Address (P.O. Box Number is Not Acceptable) 16220 S.W. 280th Street City Homestead FL Zip Code 33031
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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, word 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, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	PV CANO, MANUEL 9835 S.W. 70TH STREET MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President CORNITA BROWN 1626 Sunrise Blvd. Homestead FL 33033 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CANO, LUZ STELLA 9835 S.W. 70TH STREET MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President JAMES WYATT 18703 S.W. 309th Street Homestead, FL 33030-3840 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Waneta White 17405 S.W. 867 Lane Homestead, FL 33031 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary KATILISKA CEVALLOS 1642 Sunrise Blvd Homestead, FL 33033 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #